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SAN FRANCISCO DEPARTMENT OF

PUBLIC HEALTH

WEEKLY BULLETIN

1965 - 1967

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JANUARY 4, 1965

GREETINGS AND BEST WISHES FOR 1965

The 3300 employees of the San Francisco Department of Public Health, through this medium extend to the people of San Francisco their best wishes for a Healthy New Year. The services of the staff of the Department come from these 3300 paid employees and the hundreds of physicians who volunteer their time as members of the faculty of the University of California School of Medicine, with which the City has a contract to supervise medical services at San Francisco General Hospital, as well as many other professional and non-professional volunteers who assist in the various operations of the Department.

The effective work of the department in protecting the health of the three quarters of a million people in San Francisco is further enhanced by the cooperation which the department has had from the Chief Administrative Officer, Mr. Thomas J. Mellon, from Mayor John F. Shelley, from the Board of Supervisors, and from many departments of City government upon which this department depends for services.

Of highest importance also are the members of the two advisory boards, the Health Advisory Board and the Mental Health Advisory Board, comprised of seven members each, who give their time freely without any remuneration. To all of these the City and County of San Francisco is and should be extremely grateful.

The health of the people of San Francisco is relatively good, and the department looks on 1965 as another year of challenge, particularly in the fields of services to the chronically ill and services to those with emotional disturbances, two of our major community health problems, and the development of immediate and long-term plans for our medical care services and facilities.

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STATISTICAL REPORT FOR THE 53rd WEEK ENDING DECEMBER 31, 1964

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1964	TO DATE 1963
CHICKENPOX	1	4	1148	1068
DIPHTHERIA	0	0	0	3
GONORRHEA	111	66	4825	4315
HEPATITIS, INFECTIOUS	3	1	150	184
INFLUENZA	0	-	61	28
MEASLES	1	3	1452	742
MENINGOCOCCAL INFECTION	0	1	28	24
MENINGITIS, OTHER	1	0	27	29
MUMPS	7	10	998	1324

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	TO DATE 1964	TO DATE 1963
PERTUSSIS	0	1	19	37
POLIOMYELITIS	0	0	0	0
RHEUMATIC FEVER	0	0	2	[illegible]
SALMONELLOSIS	3	1	104	115
SHIGELLOSIS	1	2	76	69
STREP. INFECTION	10	3	226	234
SYPHILIS	19	20	984	1075
TUBERCULOSIS	5	10	501	514
TYPHOID FEVER	0	0	0	0

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	11
TUBERCULOSIS	1

	1964	1963
DEATHS RECORDED FOR THE WEEK	175	231
BIRTHS RECORDED FOR THE WEEK	308	255

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN, 1959-1963.

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WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JANUARY 11, 1965

1964 PROVISIONAL ESTIMATES OF VITAL STATISTICS IN SAN FRANCISCO

	1964 PROVISIONAL BY OCCURRENCE	1963 FINAL BY OCCURRENCE
LIVE BIRTHS	19,500	19,978
DEATHS	10,200	10,373
DEATHS UNDER 1 YEAR	410	465
NEONATAL DEATHS (UNDER 1 MONTH)	300	350
MATERNAL DEATHS	6	8
FETAL DEATHS	250	239

SOME IMPORTANT CAUSES OF DEATH BY OCCURRENCE

HEART DISEASE	3,600	3,704
CANCER	2,200	2,130
VASCULAR LESIONS OF C.N.S.	880	952
CIRRHOSIS OF THE LIVER	510	515
ACCIDENTS	480	476
PNEUMONIA AND INFLUENZA	270	230
DISEASES OF EARLY INFANCY	250	282
SUICIDE	235	234
EMPHYSEMA	180	149
CONGENITAL MALFORMATIONS	145	134
ARTERIOSCLEROSIS	130	166
AORTIC ANEURYSMS	130	126
DIABETES	120	100
ULCERS OF STOMACH AND DUODENUM	100	93
TUBERCULOSIS	56	65

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The table shows the preliminary estimates of births and deaths and some important causes of death as they occurred in San Francisco in 1964 as compared with final figures for 1963. Both births and deaths decreased slightly from 1963, with 32% of the births and 18% of the deaths occurring to non-residents. As usual, the first five causes account for 75% of the deaths: 35% heart disease, 22% cancer, 9% vascular lesions of the central nervous system, 5% cirrhosis and 5% accidents. Outbreaks of respiratory infections early in 1964 and again in November and December resulted in a 17% increase in deaths attributed to influenza and pneumonia and a shifting in rank from eighth in 1963 to sixth cause in 1964. Emphysema deaths also increased about 20%. Deaths from tuberculosis continue to decrease.

STATISTICAL REPORT FOR THE 1st WEEK ENDING JANUARY 8, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	12	25	4	12	22
DIPHTHERIA	0	0	0	0	0
GONORRHEA	79	76	49	79	53
HEPATITIS, INF.	2	6	0	2	1
INFLUENZA	0	0	0	0	0
MEASLES	5	64	7	5	13
MENINGOCOCCAL INF.	0	1	0	0	0
MENINGITIS, OTHER	1	1	0	1	0
MUMPS	17	28	6	17	16

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	0	1	0	0	[illegible]
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	0	0
SALMONELLOSIS	3	4	0	3	0
SHIGELLOSIS	2	3	0	2	[illegible]
STREP. INFECTION	9	8	3	9	[illegible]
SYPHILIS	17	21	11	17	[illegible]
TUBERCULOSIS	7	12	2	7	6
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

HEPATITIS, INFECTIOUS	1
INFECTION, GAS BACILLUS	1
MENINGITIS, PNEUMOCOCCAL	1

	1965	1964
DEATHS RECORDED FOR THE WEEK	201	[illegible]
BIRTHS RECORDED FOR THE WEEK	347	[illegible]

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JANUARY 18, 1965

JAN 19 1965

THE HAZARDS OF PLASTIC BAGS

During the winter season, children's play moves indoors more and may mean increased accident hazards to children within the home environment. A dangerous by-product of modern technological developments has been found in the misuse of thin plastic bags and wrappers which can cause mechanical suffocation if brought to the face. This plastic material is polyethylene, four to six-thousandths of an inch thick, which is a very useful product as a protective covering for cleaned garments, foods and other consumer goods. In appearance it is shiny, soft-to-the-touch, silky, pliable and has "see through" characteristics. All these qualities make plastic film attractive to children as a plaything.

If plastic bags are left within reach of small children they may cause disaster. Children like to pull the bags over their heads and are delighted because they can see through them. The ultra-thin film, however, may cling to the face, shutting off air from the mouth and nose. If this happens, only prompt intervention by an adult can prevent suffocation. Parents themselves have inadvertently caused infant deaths from suffocation by the use of plastic dry-cleaning bags as improvised mattress covers, pillow covers or mattress protectors.

Plastic bags as used by the cleaning and food packaging industries are useful articles which are here to stay. They have been accepted as another item used for modern convenience. However, we should be aware of the risks when these bags are used as playthings. All parents should know and observe the following precautions:

(1) After a plastic bag, cover, or wrapping has served its purpose, dispose of it! Do this by burning, or by tying it into knots and disposing into a refuse container.

(2) Never use plastic film as a cover for mattresses, pillows, or blankets!

(3) Never let children play with plastic film or leave it about where they can have access to it. Plastic bags are not playthings!

STATISTICAL REPORT FOR THE 2nd WEEK ENDING JANUARY 15, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	10	46	12	22	48
DIPHTHERIA	0	0	0	0	0
GONORRHEA	77	74	50	156	127
HEPATITIS, INF.	2	5	0	4	6
INFLUENZA	1	3	0	1	2
MEASLES	5	77	4	10	19
MENINGOCOCCAL INF.	0	1	0	0	0
MENINGITIS, OTHER	0	1	0	1	1
MUMPS	9	77	1	26	60

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	0	1	0	0	1
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	0	0
SALMONELLOSIS	6	4	0	9	0
SHIGELLOSIS	5	2	0	7	[illegible]
STREP. INFECTION	6	14	2	[illegible]	[illegible]
SYPHILIS	6	14	4	23	28
TUBERCULOSIS	2	12	4	9	18
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	6
TUBERCULOSIS	2

	1965	1964
DEATHS RECORDED FOR THE WEEK	239	257
BIRTHS RECORDED FOR THE WEEK	460	445

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JANUARY 25, 1965

IMPORTANT CAUSES OF DEATH BY SEX, SAN FRANCISCO RESIDENTS, 1963

	MALE			FEMALE		
	NUMBER	RATE*	PERCENT	NUMBER	RATE*	PERCENT
ALL CAUSES	5775	1580.5	100.0	4229	1099.9	100.0
Heart Disease	2229	610.0	38.6	1540	400.5	36.4
Malignant Neoplasms	971	265.7	16.8	745	193.8	17.6
Vascular Lesions of C.N.S.	463	126.7	8.0	540	140.4	12.8
Accidents	340	93.0	5.9	189	49.2	4.5
Cirrhosis of the Liver	326	89.2	5.6	167	43.4	4.0
Influenza & Pneumonia	181	49.5	3.1	135	35.1	3.2
Suicides	145	39.7	2.5	82	21.3	1.9
Diseases of Early Infancy	132	36.1	2.3	92	23.9	2.2
Emphysema	124	33.9	2.2	20	5.2	0.5
Aortic Aneurysms	79	21.6	1.4	32	8.3	0.8
Arteriosclerosis	66	18.1	1.1	94	24.4	2.2
Ulcers, Stomach & Duodenum	62	17.0	1.1	26	6.8	0.6
Tuberculosis	58	15.9	1.0	16	4.2	0.4
Diabetes	48	13.1	0.8	53	13.8	1.2
Congenital Malformations	41	11.2	0.7	40	10.4	0.9

* Per 100,000 Population.

Of the 15 causes of death listed in the above mortality table, only three show higher death rates for women than for men. These are vascular lesions of the central nervous system (strokes), arteriosclerosis and diabetes. Male death rates are more than twice that for the female for cirrhosis of the liver, aortic aneurysms and ulcers. For tuberculosis the death rate for men is nearly four times the rate for women and the male rate for emphysema is over six times higher. It should be noted that cirrhosis of the liver is the fifth ranking cause of death for both males and females, and that suicide is the seventh ranking cause for males and is almost twice the rate for females.

STATISTICAL REPORT FOR THE 3rd WEEK ENDING JANUARY 22, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	3	76	8	25	124
DIPHTHERIA	0	1	0	0	0
GONORRHEA	103	119	48	259	222
HEPATITIS, INF.	5	8	2	9	10
INFLUENZA	1	7	0	2	5
MEASLES	4	60	8	14	31
MENINGOCOCCAL INF.	0	1	0	0	0
MENINGITIS, OTHER	1	0	0	2	1
MUMPS	12	59	9	38	119

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	0	1	0	0	1
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	1	1	0	1	0
SALMONELLOSIS	4	3	0	14	3
SHIGELLOSIS	3	2	0	10	3
STREP. INFECTION	5	12	4	20	18
SYPHILIS	24	21	16	47	44
TUBERCULOSIS	3	13	9	12	27
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

COCCIDIOIDOMYCOSIS	1
PNEUMONIA	8
TUBERCULOSIS	2

	1965	1964
DEATHS RECORDED FOR THE WEEK	210	192
BIRTHS RECORDED FOR THE WEEK	450	372

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR FEBRUARY 1, 1965

1964 POPULATION ESTIMATES FOR SAN FRANCISCO

RACE	1964 ESTIMATES		1960 CENSUS	
TOTAL	755,700	100.0%	740,316	100.0%
White	593,200	78.5	604,403	81.6
Negro	89,400	11.8	74,383	10.1
Chinese	42,400	5.6	36,445	4.9
Filipino	15,300	2.0	12,327	1.7
Japanese	11,300	1.5	9,464	1.3
Other Non-White	4,100	0.6	3,294	0.4

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AGE BREAKDOWN	1964 ESTIMATES		1960 CENSUS	
Under 5 years	59,600	7.9	58,851	8.0
5 - 14	110,700	14.7	98,189	13.3
15 - 24	91,500	12.1	91,155	12.3
25 - 44	182,500	24.1	199,362	26.9
45 - 64	206,500	27.3	199,151	26.9
65 and Over	104,900	13.9	93,608	12.6

The above table shows the changing composition of the population of San Francisco by race and age groups. The provisional estimate by the California State Department of Finance of San Francisco's population as of July 1, 1964 is 755,700 - an increase of 15,384 or 2.1% since the April 1, 1960 census figure of 740,316. The total population figure of 755,700 is divided into an estimated 367,400 males (48.6%) and 388,300 females (51.4%).

The racial shift of the population continues with the white group decreasing by 11,203 from 1960 to 1964. The non-white percentage of the population increased by 26,587, from 18.4% in 1960 to 21.5% in 1964. San Francisco is a city with a high proportion of older people. The 65 and over age group showed increases from 3.8% in 1910 to 5.2% in 1930, 9.6% in 1950, 12.6% in 1960, and an estimated 13.9% in 1964.

STATISTICAL REPORT FOR THE 4th WEEK ENDING JANUARY 29, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
Chickenpox	25	26	12	50	150
Diphtheria	0	0	0	0	0
Gonorrhea	111	85	41	370	307
Hepatitis, Inf.	2	6	0	11	15
Influenza	0	9	0	2	5
Measles	15	86	1	29	46
Meningococcal Inf.	0	0	0	0	0
Meningitis, Other	1	3	0	3	2
Mumps	9	33	8	47	141

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
Pertussis	0	1	0	0	2
Poliomyelitis	0	0	0	0	0
Rheumatic Fever	0	1	0	1	1
Salmonellosis	2	3	0	15	4
Shigellosis	3	2	0	13	3
Strep. Infection	6	12	1	26	22
Syphilis	24	29	16	70	64
Tuberculosis	3	20	8	15	47
Typhoid Fever	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Pneumonia	4
Syphilis	2
Poliomyelitic Scoliosis	1

	1965	1964
Deaths recorded for the week	218	203
Births recorded for the week	397	436

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

FEBRUARY 8, 1965

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THE DENTAL HEALTH OF CHILDREN

February 7 - 13 has been designated the 17th annual Children's Dental Health Week, which is sponsored by the dental profession. The purpose is to focus public attention on the need for improving the dental health of the nation's youth. Dental disease affects nearly everyone, and while dental decay is controllable, it cannot be controlled by the dentist alone. The solution to the problem lies in prevention through education and the application of scientific knowledge, both by the individual and by the community.

For good dental health, children should be taught to observe three basic rules (and parents should remember that children are taught by example as well as words);

(1) Use a toothbrush right after eating. Bacteria in the mouth act on sugars and carbohydrates to form acids. Brushing immediately after eating helps to remove food particles before acids can be formed and cause decay. If brushing is impossible, a thorough rinsing with water is the next best thing.

(2) Eat good food. A diet good for general health will be good also for dental health. A reduction in the consumption of sugar found in sweetened bottled drinks, candy, pastries, jams and jellies will result in a better balanced diet. Cutting down on sweets, especially between meals, will lessen dental decay.

(3) See the dentist periodically. A child should make his first visit to the dentist between two and three years of age. Continued visits at regular intervals will permit the dentist to discover the beginning signs of decay or other troublesome conditions which can be treated most successfully if discovered early.

In addition to the observance of these rules by the individual, the community can take an important step to promote dental health. In recent years scientists have discovered that children who drink water containing minute amounts of fluoride from infancy develop fewer cavities than those who do not. Some communities have naturally fluoridated water; many others have added sodium fluoride to the water supply. San Francisco started fluoridating its water in 1952 and our children have been benefiting from this safe and effective preventive measure for over 12 years.

STATISTICAL REPORT FOR THE 5th WEEK ENDING FEBRUARY 5, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	2	34	9	52	179
DIPHTHERIA	0	0	0	0	0
HEPATITIS, INF.	6	5	1	17	17
INFLUENZA	0	18	0	2	5
MEASLES	6	48	2	35	94
MENINGOCOCCAL INF.	0	1	0	0	0
MENINGITIS, OTHER	1	0	0	4	2
MUMPS	12	89	17	59	230
GONORRHEA	104	104	38	474	411

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	0	1	0	0	2
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	1	0	1	2
SALMONELLOSIS	2	3	0	17	4
SHIGELLOSIS	3	2	0	16	5
STREP. INFECTION	9	10	1	35	23
SYPHILIS	20	27	12	90	87
TUBERCULOSIS	8	17	4	23	58
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

ACUTE MENINGITIS, NON-EPIDEMIC	2
PNEUMONIA	6
SYPHILIS	1

	1965	1964
DEATHS RECORDED FOR THE WEEK	192	184
BIRTHS RECORDED FOR THE WEEK	357	307

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR FEBRUARY 15, 1965

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EPILEPSY

Epilepsy is a condition in which the person is affected by sudden, transitory and recurrent alterations of brain function, due to a disorder of brain activity. During these episodes, there may be a disturbance of consciousness and sensation, and there are often associated muscular movements. Any number of symptoms may indicate this condition, depending upon what part of the brain is involved, and whether or not the disturbance spreads to other portions of the brain. Episodes of epilepsy are also called seizures, convulsions or spasms and are sometimes known as "fits", "spells" or "attacks."

Epilepsy may be classified into two general types. About half of the persons who have epilepsy have a type which is called "acquired" or "secondary" epilepsy, and in this group are the kinds of epilepsy for which we know the probable cause. Most frequent are previous brain injury and damage due to actual bruising, hemorrhage, or lack of oxygen. Severe head injuries as the result of automobile accidents, falls or boxing trauma may result in epilepsy. The other half of the persons with epilepsy have a type which is called "idiopathic" or "primary" epilepsy. The causes of this type are not known. Epilepsy is not considered hereditary, although the tendency or pre-disposition may be found in certain types. Epilepsy does not cause insanity or feeblemindedness. The intelligence of persons with epilepsy parallels that of the general population.

Epilepsy may manifest itself in a number of forms, depending upon what portion of the brain is involved by the abnormal discharge of brain electricity. The two better known forms are called petit mal, with very brief moments of unawareness, and grand mal, characterized by more severe seizures with the person falling and making pronounced involuntary movements. With modern diagnosis and treatment, 50-60 percent of persons with epilepsy can become completely free of seizures. An additional 25-30 percent can achieve considerable improvement by a reduction in frequency and severity of seizures.

The United Cerebral Palsy Association of San Francisco, with the help of Federal funds and in close cooperation with the San Francisco Department of Public Health is conducting a program in medical education, public education and determination of needs of persons with epilepsy in San Francisco.

STATISTICAL REPORT FOR THE 6th WEEK ENDING FEBRUARY 11, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	5	78	8	57	257
DIPHTHERIA	0	0	0	0	0
GONORRHEA	98	76	36	572	487
HEPATITIS, INF.	1	4	1	17	19
INFLUENZA	0	9	0	2	5
MEASLES	6	90	3	41	119
MENINGOCOCCAL INF.	1	1	0	1	1
MENINGITIS, OTHER	1	3	0	4	2
MUMPS	29	48	12	88	278

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	0	2	0	0	4
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	2	0	0	3	2
SALMONELLOSIS	2	3	0	19	5
SHIGELLOSIS	0	1	0	16	5
STREP. INFECTION	3	12	3	38	26
SYPHILIS	21	23	14	111	107
TUBERCULOSIS	4	9	5	27	66
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	3
SYPHILIS	1

	1965	1964
DEATHS RECORDED FOR THE WEEK	184	189
BIRTHS RECORDED FOR THE WEEK	259	305

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR FEBRUARY 23, 1965

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DEATHS FROM CARDIOVASCULAR-RENAL DISEASES, 1963, SAN FRANCISCO RESIDENTS

	TOTAL		MALE		FEMALE	
	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE
TOTAL, ALL CAUSES	10,004	1334.0	5,775	1580.5	4,229	1099.9
CARDIOVASCULAR-RENAL DISEASES	5,266	702.2	2,945	806.0	2,321	603.6
Vascular lesions of C.N.S.	1,003	133.8	463	126.7	540	140.4
Rheumatic fever	3	0.4	2	0.5	1	0.3
Diseases of the Heart	3,769	502.6	2,229	610.0	1,540	400.5
Chronic rheumatic heart disease	78	10.4	35	9.6	43	11.2
Arteriosclerotic Heart Disease	1,172	156.3	642	175.7	530	137.8
Heart disease specified as involving coronary arteries	1,964	261.9	1,270	347.6	694	180.5
Chronic endo and myocarditis	193	25.7	95	26.0	98	25.5
Other diseases of the heart	70	9.3	37	10.1	33	8.6
Hypertension with heart disease	292	38.9	150	41.1	142	36.9
Hypertension without mention of heart disease	46	6.1	22	6.0	24	6.2
General arteriosclerosis	160	21.3	66	18.1	94	24.4
Aortic aneurysms	111	14.8	79	21.6	32	8.3
Other diseases of circulatory system	123	16.4	52	14.2	71	18.5
Nephritis, chronic and unspecified	51	6.8	32	8.8	19	4.9

Cardiovascular-renal disease accounted for about 53% of the deaths in San Francisco in 1963. In 1963, eight in every thousand men and six in every thousand women died from one of the diseases listed in the table. While the etiology of many of these diseases is unknown, associated factors such as high blood pressure, diet, obesity, physical inactivity and cigarette smoking can be controlled to lower the risk of heart attacks. A person over forty should have an annual check-up by the family doctor so that early symptoms of these diseases can be detected and a preventive regime established.

NOTE: February 28 has been designated as "Heart Sunday."

STATISTICAL REPORT FOR THE 7th WEEK ENDING FEBRUARY 19, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	5	46	14	62	303
DIPHTHERIA	0	0	0	0	0
GONORRHEA	103	105	46	675	584
HEPATITIS, INF.	2	5	1	19	21
INFLUENZA	0	6	0	2	7
MEASLES	9	59	7	50	136
MENINGOCOCCAL INF.	2	1	0	3	2
MENINGITIS, OTHER	0	2	0	4	2
MUMPS	8	38	7	96	311

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	1	1	0	1	5
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	3	2
SALMONELLOSIS	1	1	0	20	5
SHIGELLOSIS	2	2	0	18	5
STREP. INFECTION	9	8	0	47	26
SYPHILIS	21	30	20	132	127
TUBERCULOSIS	16	14	6	43	74
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

MENINGOCOCCEMIA	1
PNEUMONIA	2
SALMONELLOSIS	1
SYPHILIS	1
TUBERCULOSIS	1

	1965	1964
DEATHS RECORDED FOR THE WEEK	218	185
BIRTHS RECORDED FOR THE WEEK	390	333

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR MARCH 1, 1965

HEALTH OF THE AGING

Public health has long been concerned with the child and his health needs and "child hygiene" programs have been provided for many years. The other end of the age spectrum has not received much thought until recent years. But, today, San Francisco is a city of older people, as there has been a gradual increase in the proportion of residents in the older age groups. In 1910, 20.3% of our population was 45 years of age and over. In 1960 this figure had increased to 39.5% and in 1964 was estimated to be 41.2%. During this 50 year span, the 65 years and over age group increased from 3.8% in 1910 to 12.6% in 1960 and today is an estimated 14%. By way of comparison, the 1960 figures for this age group were 9.2% for the United States and 8.8% for California. It is anticipated that the 65 and over group will comprise 20% of our population in 1980 and 28% in the year 2000.

While we have the opportunity and there is increasing necessity to concern ourselves with health problems of the aging, we are in a similar position with respect to our knowledge of these problems, as we were 50 years ago in regard to the problems of child health. The problems that concern each are complex and varied.

Aging is a life-long process, and the older we become the more the reserve strength of the individual is decreased. In other words, older people are likely to use more hospital days per year than younger people. The aged do not die of communicable diseases, but they do die in increasing numbers of chronic diseases, or acute manifestations of diseases to which, because of their low reserve, they are more susceptible.

Though our people are now entering mid-life in a better state of health than did their parents, nevertheless we must be increasingly concerned with the detection of degenerative conditions early enough so they can be treated effectively. We must provide the needed facilities for early diagnosis, treatment and rehabilitation and to do what we can to assist elderly people in enjoying life. Because aging presents economic, social, educational and financial problems as well as health and medical problems, the aid of all community agencies and resources must be enlisted. It is a community as well as a public responsibility to make the years of later life happier and more productive for the individual and more useful to society.

STATISTICAL REPORT FOR THE 8th WEEK ENDING FEBRUARY 26, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	19	67	7	81	370
DIPHTHERIA	0	0	0	0	0
GONORRHEA	95	93	45	770	677
HEPATITIS, INF.	4	4	0	23	24
INFLUENZA	1	7	0	3	9
MEASLES	15	37	1	65	173
MENINGOCOCCAL INF.	0	1	0	3	2
MENINGITIS, OTHER	0	1	0	4	3
MUMPS	9	107	14	105	418

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	0	0	0	1	5
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	3	2
SALMONELLOSIS	3	3	0	23	6
SHIGELLOSIS	1	2	0	19	7
STREP. INFECTION	1	12	3	48	32
SYPHILIS	16	26	8	148	153
TUBERCULOSIS	9	11	5	52	84
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

MENINGITIS, BACTERIAL	1
MENINGOCOCCEMIA	1
PNEUMONIA	3
SYPHILIS	1

	1965	1964
DEATHS RECORDED FOR THE WEEK	182	199
BIRTHS RECORDED FOR THE WEEK	333	363

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

MARCH 8, 1965

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WHAT IS PUBLIC HEALTH?

Health has been defined by the World Health Organization as ". . . a state of complete physical, mental ard social well-being, not merely the absence of disease or infirmity." Probably one of the most acceptable and descriptive definitions of public health is the definition by Dr. C.E.A. Winslow nearly a half century ago:

"Public Health is the Science and Art of (1) preventing disease, (2) prolonging life, and (3) promoting health and efficiency through organized community effort for

(a) the sanitation of the environment
(b) the control of communicable infections
(c) the education of the individual in personal hygiene
(d) the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and
(e) the development of the social machinery to insure everyone a standard of living adequate for the maintenance of health,

so organizing these benefits as to enable every citizen to realize his birthright of health and longevity."

Perhaps the most important words in this definition are the words 'through organized community effort.' This concept implies that it is not the sole responsibility of government to meet the community needs in the prevention of disease, the prolonging of life, and the promotion of health and efficiency. Public health departments, perhaps more than any other departments in government, join together with voluntary agencies, the medical profession, and others, including individual citizens, interested in the prevention of disease and the promoting of physical and mental health.

Another definition adopted by the American Medical Association in 1948 defines public health as 'the art and science of maintaining, protecting and improving the health of the people through organized community efforts.' It includes those arrangements whereby the community provides medical services for special groups of persons and is concerned with prevention or control of disease, with persons requiring hospitalization to protect the community and with the medically indigent.

STATISTICAL REPORT FOR THE 9th WEEK ENDING MARCH 5, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
Chickenpox	7	63	11	88	433
Diphtheria	0	0	0	0	0
Gonorrhea	74	94	41	844	771
Hepatitis, Inf.	0	5	2	23	26
Influenza	0	1	0	3	10
Measles	22	108	8	87	207
Meningococcal Inf.	2	1	0	5	2
Meningitis, Other	1	1	0	5	4
Mumps	11	42	24	116	458

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
Pertussis	0	3	0	1	8
Poliomyelitis	0	0	0	0	0
Rheumatic Fever	0	1	0	3	2
Salmonellosis	1	3	0	24	8
Shigellosis	0	2	0	19	9
Strep. Infection	6	8	3	54	35
Syphilis	16	22	13	164	175
Tuberculosis	12	17	10	63	94
Typhoid Fever	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Pneumonia	4

	1965	1964
Deaths recorded for the week	220	203
Births recorded for the week	418	365

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR MARCH 15, 1965

PREVENTING ACCIDENTAL POISONING

By Presidential Proclamation, the week beginning March 14, 1965 has been designated National Poison Prevention Week. The purpose is: "To alert parents and other adults to the problems of accidental poisoning among children and demonstrate that these can be reduced." Certainly, the hazards of accidental poisoning are great. In 1963, there were 33 accidental deaths from poisoning to San Francisco residents. Of the 2,061 persons who died in the U.S. in 1963 from accidental poisonings, almost 500 were children under 15 years of age. About 500,000 children every year swallow substances which may cause harm or death. Aspirin accounts for a large percentage of poisonings among children, and parents should realize that there are many poisonous substances in the home which are not labeled "poison." Anything can be poisonous if taken in large enough doses and the degree of poisoning really depends on the amount swallowed and the size of the person who swallows it. Children are particularly vulnerable because their small bodies can't absorb as much as those of adults.

This week is a good time for parents to check their homes for poisoning hazards. Some of the potential poisons from the medicine chest are:

1. Aspirin, particularly the candy-flavored type.
2. Barbiturates, tranquilizers and antihistamines.
3. Medicine for external use only - antiseptics and disinfectants, such as rubbing alcohol, iodine and liniment.

Some of the potentially dangerous household products are:

1. Chemicals for the control of insects and rodents, such as moth-balls, sweet-tasting ant poison, spray insecticides, rat poison, and other pesticides containing chlordane, strychnine, arsenic, etc.
2. Cleaning agents like ammonia and lye.
3. Kerosene and turpentine.
4. Lead-containing paints.
5. Auto, furniture and floor polishes.
6. Cosmetics.

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All such medicines and household products should be kept in a safe place, out of sight and reach of children; and parents need to exercise careful supervision of children to prevent needless accidental poisonings.

STATISTICAL REPORT FOR THE 10th WEEK ENDING MARCH 12, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	15	73	18	103	468
DIPHTHERIA	0	0	0	0	0
GONORRHEA	128	96	46	971	867
HEPATITIS, INF.	2	4	1	24	28
INFLUENZA	0	3	0	3	11
MEASLES	19	81	8	106	266
MENINGOCOCCAL INF.	1	0	0	6	2
MENINGITIS, OTHER	0	1	0	5	5
MUMPS	16	37	21	132	486

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	1	3	0	2	10
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	1	0	0	4	2
SALMONELLOSIS	3	3	1	27	10
SHIGELLOSIS	0	1	0	19	10
STREP. INFECTION	4	23	2	58	37
SYPHILIS	23	22	13	187	197
TUBERCULOSIS	14	15	7	77	107
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

MENINGITIS, NON-EPIDEMIC	1
MENINGITIS, STREPTOCOCCAL	1
PNEUMONIA	3

	1965	1964
DEATHS RECORDED FOR THE WEEK	206	210
BIRTHS RECORDED FOR THE WEEK	343	415

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR MARCH 22, 1965

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VENEREAL DISEASE EDUCATION IN SCHOOLS

While the high rate of venereal disease among young people can be attributed to various causes, one factor seems to stand out: lack of knowledge about venereal diseases and their transmission to others. The consequences of the ignorance of these diseases cannot be stated simply as statistical accounts of the spread of infection. Many cases of syphilis in teenagers and young adults are going untreated because of such ignorance, and untreated syphilis can cause blindness, insanity, heart disease, and other serious effects. The fact that the incidence of venereal disease is more than equal to the combined total of all other reported communicable diseases in the 15 - 19 age group in San Francisco suggests that information about this health threat should have a place in the school health teaching curriculum consistent with the problem.

The Health Department recently added to its Venereal Disease Control Program an Education Unit. This means that the Department is equipped to help teachers, through consultations and workshops, prepare themselves to teach about venereal disease. The Education Unit will provide guest speakers and teacher information kits, classroom materials, movies, filmstrips, and other teaching aids to all schools, public or private, in San Francisco. School systems of many large cities (including Los Angeles, Houston and Minneapolis) are conducting courses of instruction in venereal disease in an effort to combat the growing incidence among high school-age children in those cities. San Francisco children also need this kind of instruction.

Venereal disease education logically includes information about the cause, progress, and effects of these diseases, together with information concerning transmission, recognition, treatment and community control. While parents or physicians can serve as the primary sources of venereal disease knowledge, experience indicates they do not fulfill this responsibility adequately. There is one person who has daily contact with young people in an appropriate setting, and who, at the same time, is able and willing to perform this function. That person is the classroom teacher.

STATISTICAL REPORT FOR THE 11th WEEK ENDING MARCH 19, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964	CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	10	51	14	113	519	PERTUSSIS	0	4	0	2	10
DIPHTHERIA	0	0	0	0	0	POLIOMYELITIS	0	2	0	0	0
GONORRHEA	123	92	48	1094	959	RHEUMATIC FEVER	1	1	0	5	2
HEPATITIS, INF.	4	6	1	28	31	SALMONELLOSIS	1	1	0	28	10
INFLUENZA	0	2	0	3	12	SHIGELLOSIS	2	1	0	21	10
MEASLES	13	46	11	119	300	STREP. INFECTION	2	11	6	60	43
MENINGOCOCCAL INF.	0	2	0	6	4	SYPHILIS	15	39	16	202	219
MENINGITIS, OTHER	1	1	0	6	5	TUBERCULOSIS	8	12	5	85	112
MUMPS	18	73	23	150	526	TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

ENCEPHALITIS, VIRAL	1
HEPATITIS, INFECTIOUS	1
PNEUMONIA	5
SYPHILIS	1
TUBERCULOSIS	2

	1965	1964
DEATHS RECORDED FOR THE WEEK	217	223
BIRTHS RECORDED FOR THE WEEK	289	338

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR MAR 29 1965 MARCH 29, 1965

GLUE-SNIFFING

Inhaling the fumes released by organic solvents in plastic cement or glue is commonly known as glue-sniffing. Such inhalation can cause a syndrome resembling acute alcoholic intoxication. The practice carries with it a number of hazards to the health of the individual, who is usually a male teenager. Many parents as well as physicians, teachers, police officers, juvenile authorities and others who work with youth are becoming increasingly concerned over the problem.

What are the effects of repeated glue-sniffing? According to the California Medical Association: "Youngsters who have developed the glue-sniffing habit frequently develop leukemia, anemia and other blood disorders, as well as disturbances of the kidneys and liver. Other symptoms which have been reported include headaches, sleepiness, forgetfulness, double vision, loss of weight, numbness, tremors, muscle spasms and chest pains. In several instances, deaths have resulted from the disorders developed as a consequence of the practice."

Apart from the physical damage, other harm can come to these youngsters or others as a result of the intoxication produced. By inhaling the concentrated fumes of model airplane glue or plastic cement, these boys have learned they can produce an effect outwardly similar to alcoholic intoxication. The beginning reaction is one of mild intoxication, excitement and euphoria. In the later stages the sniffer acts very drunk with slurring of words and uncoordinated movements. The euphoria often is accompanied by a feeling of recklessness, sometimes with grandiose notions as to physical or mental capabilities. Impulsive or destructive acts may result.

Why do certain young people resort to glue-sniffing? To understand any form of juvenile misbehavior is not a simple matter. The problem might best be approached in terms of the underlying psychological needs and stresses of young people. Some would liken glue-sniffing to alcoholism and narcotics addiction, in that these practices are in part manifestations of the desire to escape from the authority, responsibility and demands of society. Investigations indicate that these youngsters are not the school athletes nor are they good students or successful socially. They are emotionally insecure teenagers who can't find status or recognition except through non-conforming activity of protest. While research is going on to find a non-toxic substitute for toluene and other toxic solvents in plastic cement, parents, children, shopkeepers and the general public should be educated to the potential dangers of glue-sniffing as it can seriously impair the health of the user.

STATISTICAL REPORT FOR THE 12th WEEK ENDING MARCH 26, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	14	72	25	127	546
DIPHTHERIA	0	0	0	0	0
GONORRHEA	117	84	40	1211	1043
HEPATITIS, INF.	3	4	0	31	35
INFLUENZA	1	3	0	4	13
MEASLES	24	76	10	143	327
MENINGOCOCCAL INF.	0	1	0	6	5
MENINGITIS, OTHER	1	1	0	7	5
MUMPS	23	85	13	173	543

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	0	1	0	2	10
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	5	2
SALMONELLOSIS	2	2	0	30	10
SHIGELLOSIS	1	1	0	22	10
STREP. INFECTION	13	16	4	73	47
SYPHILIS	22	29	15	224	246
TUBERCULOSIS	11	15	4	96	116
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

INFLUENZA	1
PNEUMONIA	3

	1965	1964
DEATHS RECORDED FOR THE WEEK	198	251
BIRTHS RECORDED FOR THE WEEK	373	356

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR APRIL 2, 1965

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PREPARING FOR MOTHERHOOD

The expectant mother today recognizes that having a baby is a perfectly natural process and looks forward to the birth of her child. She is eager to learn and understand what is happening during pregnancy and labor, why certain medical and nursing routines are required, why certain rules of hygiene are necessary, and the relationship of her health and well-being to that of her unborn baby.

To aid the mother in developing an understanding of these matters, and to dispel unnecessary fears based on misinformation and half-truths, the San Francisco Health Department has for many years conducted a series of prenatal classes as a part of its on-going program of Maternal and Child Health Services. The classes are conducted by public health nurses under the direction of the District Medical Officer and seek to instill in the expectant parent a sense of security during these important months, a feeling of accomplishment during her labor, and readiness to care for her baby.

These classes supplement the care given by the family doctor, which should be started early and continued throughout the prenatal period. The importance of understanding and following the doctor's advice is stressed. The atmosphere is informal; there is free discussion and questions about the care of mother and baby. The class is taught how the baby grows and is nourished, and what foods the mother needs during pregnancy. The importance of posture and relaxation are explained. Personal hygiene and comfortable clothing are discussed. Films are used to illustrate prenatal care, childbirth and infant care. Formula preparation and baby bathing are demonstrated. The purpose of these classes is to have an enlightened mother who will go to the hospital prepared instead of fearing the unknown.

Two of our District Health Centers will again offer a series of these prenatal classes, held weekly at 2:00 P.M. on the following dates. Further information may be obtained by phoning the appropriate health center.

Sunset Health Center
1990 - 41st Avenue
Phone: KL 8-3246
First Class: Friday, April 9.

Northeast Health Center
799 Pacific Avenue
Phone: KL 8-3158
First Class: Thursday, May 6.

STATISTICAL REPORT FOR THE 13th WEEK ENDING APRIL 2, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	13	70	20	140	568
DIPHTHERIA	0	0	0	0	0
GONORRHEA	99	93	50	1310	1107
HEPATITIS, INF.	2	4	2	33	39
INFLUENZA	0	3	0	4	16
MEASLES	55	58	14	198	373
MENINGOCOCCAL INF.	1	1	0	7	6
MENINGITIS, OTHER	3	1	0	10	6
MUMPS	52	61	6	225	575

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	4	3	0	6	11
POLIOMYELITIS	0	1	0	0	0
RHEUMATIC FEVER	0	1	0	5	2
SALMONELLOSIS	1	2	0	31	12
SHIGELLOSIS	0	1	0	22	10
STREP. INFECTION	23	19	6	96	53
SYPHILIS	12	27	13	236	269
TUBERCULOSIS	6	16	8	102	128
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 5

	1965	1964
DEATHS RECORDED FOR THE WEEK	186	218
BIRTHS RECORDED FOR THE WEEK	349	318

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WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR APRIL 12, 1965

BEWARE OF MEDICAL QUACKS

There has always been an understandable time lag between the development of medical knowledge and the opportunity for the public to understand it and make sound application in maintaining personal health. Nevertheless, it is often surprising in this scientific age of far-reaching medical progress to find the quack healer still in business with a continual reservoir of citizens who are willing and eager to use his services. The popularity of thousands of charlatans who guarantee quick cures for every disease known and who extract millions of dollars from their gullible patients every year reminds us of the superstitious Dark Ages in Europe rather than modern civilized America.

Some of these cultists and "healers" do not even accept the fact that certain diseases are caused by specific germs. They maintain that all diseases have a single cause and that appendicitis, heart disease and pneumonia, for example, can all be cured by a single method. To impress the credulous, many use fantastic devices with countless tubes and wires, shiny cylinders and complicated dials. Others advertise their individual nostrums as cure-allsor have an "atomic treatment," a "radar cure," a new diet or some other bizarre scheme with no basis in medical fact. These self-styled "doctors" prey on the hopeless - the unfortunate group of desperate people who are incurably sick. Thriving on ignorance, they arouse false hope with their guaranteed cures and actually prolong illness in those who might otherwise be cured by a competent, qualified physician. Further, a big following may be built up by curing the patient of something he never had. The person whose illness is erroneously diagnosed as cancer and who is "cured" after a series of treatments will be most grateful and will testify, even in a court of law, to the quack's healing ability.

The well trained, licensed practitioner in the healing arts is cautious. He knows that certain diseases can only be checked and not all diseases can be cured. In contrast, the quack healer with little or no professional training, usually guarantees a cure or treats for an illness the patient does not have. The public can best reap the benefits of medical progress by recognizing that it is the scientific, competent and licensed practitioner who is best qualified in our society to diagnose and treat sick bodies - a license predicated on years of schooling, practical clinical experience and continued post-graduate training.

STATISTICAL REPORT FOR THE 14th WEEK ENDING APRIL 9, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	17	33	22	157	597
DIPHTHERIA	0	0	0	0	0
GONORRHEA	100	99	51	1410	1176
HEPATITIS, INF.	3	5	2	36	41
INFLUENZA	0	3	0	4	19
MEASLES	31	71	12	229	421
MENINGOCOCCAL INF.	3	0	0	10	6
MENINGITIS, OTHER	0	1	0	10	7
MUMPS	16	54	8	241	587

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	2	6	0	8	11
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	1	0	5	2
SALMONELLOSIS	0	5	0	31	12
SHIGELLOSIS	5	1	0	27	11
STREP. INFECTION	10	15	3	106	59
SYPHILIS	23	31	5	259	284
TUBERCULOSIS	9	15	7	111	137
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	6
TUBERCULOSIS	1

	1965	1964
DEATHS RECORDED FOR THE WEEK	183	216
BIRTHS RECORDED FOR THE WEEK	359	347

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DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR APRIL 19, 1965

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SAN FRANCISCO ACCIDENTAL DEATHS BY OCCURRENCE, 1964

TYPE OF ACCIDENT	TOTAL	AGE GROUP: UNDER 5	5-14	15-24	25-44	45-64	65 & Over
TOTAL	465	22	23	41	91	128	160
Falls	148	2	4	2	18	38	84
Motor Vehicle	121	4	6	25	23	25	38
Fire and explosion	69	7	5	4	22	19	12
Poisoning	40	-	-	3	13	19	5
Drowning	17	2	2	1	6	3	3
Suffocation or aspiration of food or other object	14	1	1	1	1	7	3
Other transportation	14	-	1	1	1	4	7
Machinery or falling object	12	1	2	1	3	4	1
Firearms	5	-	1	2	1	1	-
Mechanical suffocation	4	4	-	-	-	-	-
Other and Unspecified	21	1	1	1	3	8	7

The total number of recorded deaths in San Francisco during 1964 was 9,905, a decrease of 468 or 4.5% from the 10,373 deaths occurring in 1963. Unfortunately, a similar decrease did not take place in the number of deaths that need not have happened - those coded to accidents. In 1964 the total number of accidental deaths was 465, only 11 less than the 476 in 1963. Nearly 19% of these deaths happened to non-residents. In many cases, while the death occurred in San Francisco, the accident itself happened outside of the city. More than 1/3 of the fatal accidents occurred to persons over 65 years of age and more than half of these were the result of falls. Seventy-one accidental deaths involved pedestrians. The home was the setting for 51% of the deaths from falls and nearly 60% of the deaths by fire and explosion.

STATISTICAL REPORT FOR THE 15th WEEK ENDING APRIL 16, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	23	71	31	180	650
DIPHTHERIA	0	0	0	0	0
GONORRHEA	80	106	45	1490	1282
HEPATITIS, INF.	5	7	0	41	44
INFLUENZA	2	7	0	6	23
MEASLES	31	148	12	260	487
MENINGOCOCCAL INF.	0	1	0	10	6
MENINGITIS, OTHER	1	2	0	11	8
MUMPS	39	31	22	280	616

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSUS	0	1	0	8	11
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	1	0	5	2
SALMONELLOSIS	1	6	1	32	13
SHIGELLOSIS	7	4	0	34	15
STREP. INFECTION	9	14	4	115	65
SYPHILIS	20	32	11	279	304
TUBERCULOSIS	18	9	6	129	146
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 5

	1965	1964
DEATHS RECORDED FOR THE WEEK	165	224
BIRTHS RECORDED FOR THE WEEK	[illegible]	[illegible]

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR APRIL 26, 1965

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CANCER DEATHS BY SITE, SAN FRANCISCO RESIDENTS, 1963

	NUMBER	RATE*
TOTAL	1716	228.8
Digestive Organs	611	81.5
Respiratory System	294	39.2
Genital Organs	212	28.3
Leukemia and Lymphatic Tissues	165	22.0
Breast	135	18.0
Urinary Organs	77	10.2
Buccal Cavity and Pharynx	59	7.9
Other and Unspecified Sites	163	21.7

* Per 100,000 estimated population.

April has been proclaimed "Cancer Control Month", which reminds us that cancer is the second leading cause of death, second only to heart disease. This is true nationally, for California and for San Francisco, although the death rates are higher in San Francisco. In 1963 the San Francisco rate was 228.8 compared with 136.5 for California and 152.2 for the nation. While cancer ranks among the leading causes of death for every age group, it is for the most part a disease of the middle aged and the elderly; and San Francisco is a city of older people, with an estimated 41% of the population 45 years of age and over. Approximately 14% are 65 and over. Significantly, these are the ages when both the incidence and mortality rates for cancer rise and increase steadily. While research may ultimately produce a cure for cancer, for the present we must continue to rely on the combination of early diagnosis and treatment to keep cancer deaths at a minimum.

STATISTICAL REPORT FOR THE 16th WEEK ENDING APRIL 23, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	16	55	12	196	705
DIPHTHERIA	0	0	0	0	0
GONORRHEA	90	103	51	1580	1383
HEPATITIS, INF.	5	6	1	46	49
INFLUENZA	0	4	0	6	27
MEASLES	18	73	11	278	545
MENINGOCOCCAL INF.	1	1	0	11	7
MENINGITIS, OTHER	1	1	0	12	8
MUMPS	8	43	12	288	639

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	0	4	0	8	13
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	1	0	0	6	2
SALMONELLOSIS	0	3	0	32	13
SHIGELLOSIS	2	2	0	36	16
STREP. INFECTION	4	14	2	119	71
SYPHILIS	15	24	16	294	324
TUBERCULOSIS	10	14	5	138	154
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	4
TUBERCULOSIS	2

	1965	1964
DEATHS RECORDED FOR THE WEEK	228	198
BIRTHS RECORDED FOR THE WEEK	375	424

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR MAY 3, 1965

S.O.S.

Communicable diseases are still present and dangerous and always ready to attack. When man feels too safe to bother about immunizations and booster "shots", and immunity is allowed to weaken, he leaves himself vulnerable. Every child is entitled to protection against diseases for which immunizations have been developed. Since most immunizations should be started early in life, the child must look to his parents to initiate these protective measures.

Physicians of the Health Departments and Medical Societies of the Bay Area are currently sponsoring an educational campaign called S.O.S. (Stamp Out Sickness) to awaken the public to the need for immunization for all residents against certain diseases. Modern vaccines are safe and effective, yet many children and adults either have never been vaccinated or have not received necessary booster doses. To protect both the individual and the community, see your doctor about protection against the following six diseases. If you do not have a doctor, phone the Medical Society or Health Department for information.

Whooping Cough. This is a disease which is particularly dangerous during the first three years of life. Immunization will protect the baby and should be started at 1-3 months of age.

Polio vaccine on a sugar cube makes this immunization easy to take for both child and adult; should be started at 1-3 months.

Measles. An effective new vaccine protects against this disease which can so weaken the body that other serious sickness can result. The baby is given this protective shot at about 9 months.

Diphtheria. Protection against this very serious disease should start at 1-3 months. Repeated boosters are required to protect both child and adult.

Tetanus. "Lockjaw" can be fatal, but only one person in four is protected. The disease comes from wounds which occur in contaminated surroundings but can be prevented by immunization started at 1-3 months of age followed by boosters. Campers and certain employed people should maintain their immunity.

Smallpox. By one year of age, every child needs to be vaccinated against this dangerous disease which can be brought here from other countries. Revaccination should be continued about every five years.

STATISTICAL REPORT FOR THE 17th WEEK ENDING APRIL 30, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964	CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	35	70	22	231	730	PERTUSSIS	1	2	0	9	15
DIPHTHERIA	0	0	0	0	0	POLIOMYELITIS	0	0	.0	0	0
GONORRHEA	97	79	46	1677	1460	RHEUMATIC FEVER	0	1	0	6	2
HEPATITIS	4	8	1	50	53	SALMONELLOSIS	0	4	0	32	13
INFLUENZA	0	4	0	6	27	SHIGELLOSIS	2	4	0	38	16
MEASLES	32	126	19	310	617	STREP. INFECTION	12	10	6	131	79
MENINGOCOCCAL INF.	0	2	0	11	8	SYPHILIS	22	26	12	316	338
MENINGITIS, OTHER	0	2	0	12	10	TUBERCULOSIS	10	15	6	148	166
MUMPS	34	57	17	322	663	TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 8

	1965	1964
DEATHS RECORDED FOR THE WEEK	189	189
BIRTHS RECORDED FOR THE WEEK	364	348

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MAY 10, 1965

GOOD NUTRITION FOR THE SENIOR CITIZEN

Senior Citizen Week commences May 10, 1965, and calls to our attention the needs and problems of people in the older age groups. One significent health concern has to do with good nutrition, for many elderly people do not eat an adequate diet. The Health Department is currently undertaking an educational program directed toward correcting and improving the nutritional status of the senior citizens of this community. Such an objective will not be easily or quickly achieved. However, with it would come the hope of generally improved health, the avoidance or delay of a number of chronic diseases, and perhaps, an extension of the productive years of the aging individual.

What are the reasons for nutritional deficiencies in our senior citizens? One major obstacle to good geriatric nutrition is the faulty pattern of eating habits of long years standing. The food pattern of many elderly people is a rigid structure influenced by an erratic appetite, fear of intestinal upset, loneliness or indifference. Any changes in this dietary pattern must be brought about gradually and fitted to food preferences, economic ability and the ethnic or religious background of the individual.

Food fads provide the most widespread and expensive form of medical quackery in the country today and the aged population is particularly susceptible to these false claims and theories. Nutritional quackery creates either confusion or a false and temporary sense of security in the mind of the older person. The only really effective means the senior citizen has of combatting this confusion and misrepresentation is to be convinced of the real truth about food and how it affects his health.

Although the senior citizen is convinced of the foods he needs to meet his own individual health requirements, he still may have to face the possibility of a low fixed income. This fact by no means excludes the possibility of an adequate diet, but it does require guidance in preparing a careful spending plan for food. This is even more true in regard to the more desirable protective foods (milk, meat, fruit and vegetables) which invariably cost more than the cheaper ones.

STATISTICAL REPORT FOR THE 18th WEEK ENDING MAY 7, 1965

CASES REPORTED:	For the week	1960-64 Range High	1960-64 Range Low	To date 1965	To date 1964
Chickenpox	39	62	10	270	763
Diphtheria	0	0	0	0	0
Gonorrhea	127	92	37	1804	1552
Hepatitis, Inf.	2	3	0	52	56
Influenza	0	1	0	6	28
Measles	49	166	22	359	706
Meningococcal Inf.	1	1	0	12	8
Meningitis, Other	1	1	0	13	11
Mumps	55	37	10	377	684

CASES REPORTED:	For the week	1960-64 Range High	1960-64 Range Low	To date 1965	To date 1964
Pertussis	0	2	0	9	17
Poliomyelitis	0	0	0	0	0
Rheumatic Fever	0	0	0	6	2
Salmonellosis	1	2	0	33	15
Shigellosis	1	1	0	39	16
Strep. Infection	17	14	5	148	85
Syphilis	17	26	13	333	351
Tuberculosis	5	12	7	153	173
Typhoid Fever	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Meningitis, Pneumococcal	1
Pneumonia	3
Tuberculosis	1

	1965	1964
Deaths recorded for the week	177	169
Births recorded for the week	378	370

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WEEKLY BULLETIN
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DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR MAY 17, 1965

MUSSEL QUARANTINE BEGINS

All species of California mussels are now under quarantine until October 31 as unfit for human consumption. The State Board of Public Health has established the quarantine to extend along the entire coast of California, as well as all bays, inlets and harbors, including San Francisco Bay. The purpose of this annual quarantine is to protect the people of California from the highly toxic poison found in the shellfish during the summer and early autumn months. Mussels may be used for bait, but must be broken open and placed in containers plainly labeled in large print "Mussels may contain poison. Unfit for human food." During this quarantine period, the dark meat of clams can also be dangerous and should be discarded. Only the white meat should be eaten; and the clams should be thoroughly cleaned and washed before cooking. In digging clams, they should be taken only from areas free of sewage contamination. As the dangerous shellfish cannot be distinguished in appearance from the harmless ones, it is unsafe to eat mussels or clams from California coastal waters until November.

The source of mussel poisoning is Gonyaulax catenella, a microscopic organism found in plankton, which serves as food for mussels and clams. In warm weather the organism may multiply to such an extent that the water is a deep rust red color. While the poison does not appear to be harmful to the mussel, it can prove fatal to man when he consumes the toxic shellfish. A prickly feeling in the lips, tongue and finger tips, followed by numbness are the first signs of poisoning. An unsteady gait and other lack of muscular coordination and finally ascending paralysis mark the progress of the poisoning, with death from respiratory failure in two to twelve hours after consumption of the shellfish. Chemically, the poison is similar to strychnine, and is one of the strongest poisons known. Because it is heat stable, cooking by boiling or steaming does NOT destroy the poison. In fact, death has been known to occur 15 minutes after eating toxic mussels.

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STATISTICAL REPORT FOR THE 19th WEEK ENDING MAY 14, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	31	36	16	301	779
DIPHTHERIA	0	1	0	0	0
GONORRHEA	100	92	59	1904	1637
HEPATITIS, INF.	4	4	1	56	58
INFLUENZA	0	6	0	6	34
MEASLES	38	95	18	397	755
MENINGOCOCCAL INF.	0	1	0	12	9
MENINGITIS, OTHER	1	1	0	14	12
MUMPS	53	37	3	430	706

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	0	1	0	9	17
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	6	2
SALMONELLOSIS	2	4	1	35	16
SHIGELLOSIS	3	1	0	42	16
STREP. INFECTION	4	10	4	152	93
SYPHILIS	15	21	17	348	369
TUBERCULOSIS	11	16	9	164	182
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	5
TUBERCULOSIS	1

	1965	1964
DEATHS RECORDED FOR THE WEEK	198	190
BIRTHS RECORDED FOR THE WEEK	377	335

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR MAY 24, 1965

SUMMER FOOD HAZARDS

In spite of our generally high level of sanitation, the summer time is frequently characterized by an increase in outbreaks of bacterial food poisoning. During this season, clubs and social groups, as well as families, often enjoy the pot-luck type of picnic lunches or dinners where food is transported from the place of preparation to another place where it is eaten a few hours later. The kinds of foods eaten, and the delay between the time of preparation and the time of eating furnish the two major factors involved in providing the necessary environment for bacterial growth. The principal trouble makers are the staphylococcus and salmonella bacteria.

Staphylococci are common germs found in the throat and on the skin. The germs require warmth, moisture and food to grow and multiply. Staphylococcus food poisoning is the result of a toxin formed in the food before it is eaten and is the most common of all food poisonings. The foods which become natural vehicles for food poisoning organisms and their toxins are those we usually associate with summer snacks and picnic lunches, such as potato salad, custard or cream-filled pastries, creamed dishes and meat products. Infection arises from allowing such foods to stand at room temperature for a few hours after they have been prepared. This enables the bacteria to produce their toxins within the food, and it is the toxins and not the bacteria which are responsible for the subsequent distress.

Food poisoning caused by the salmonella type of bacteria on the other hand, results not from toxin produced by the bacteria, but from ingesting the organisms themselves in large quantities. These may be introduced into food by rodents, houseflies and human carriers. The two types of food poisonings also differ in the time involved between eating the infected food and the occurrence of the first symptom. The staphylococcus type symptoms appear in one to six hours. In salmonella food poisoning, the first symptoms take a little longer, generally from six to twenty-four hours. In both types the common symptoms of nausea, vomiting, retching, abdominal cramping and diarrhea are similar, but may vary in severity with different individuals. The best control is care in preparation of the food and good temperature regulation. Remember:

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KEEP HOT FOODS HOT - COLD FOODS COLD!

STATISTICAL REPORT FOR THE 20th WEEK ENDING MAY 21, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	15	71	23	316	827
DIPHTHERIA	0	0	0	0	0
GONORRHEA	116	88	31	2020	1725
HEPATITIS, INF.	2	5	0	58	58
INFLUENZA	0	2	0	6	34
MEASLES	33	139	10	430	878
MENINGOCOCCAL INF.	0	2	0	12	9
MENINGITIS, OTHER	2	2	0	16	12
MUMPS	31	27	5	461	727

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	0	4	0	9	17
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	1	0	6	2
SALMONELLOSIS	0	2	0	35	18
SHIGELLOSIS	1	3	0	43	18
STREP. INFECTION	11	11	1	163	95
SYPHILIS	20	27	12	368	381
TUBERCULOSIS	14	14	10	178	192
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

N O N E

	1965	1964
DEATHS RECORDED FOR THE WEEK	201	181
BIRTHS RECORDED FOR THE WEEK	391	370

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JUNE 1, 1965

THE HAZARDS OF SUMMERTIME

Summertime is the period when the family looks forward to taking recreational trips as well as its annual vacation together away from home. Thoughtful planning, which takes into account the hazards to which the various members of the family may be exposed in more or less unfamiliar surroundings will help to insure a vacation or outing that is unmarred by the unexpected. Traffic accidents, sunburn and heat exhaustion, poisonous plants, water accidents, food poisoning - these are the unexpected and unpleasant events that play a role in spoiling what otherwise might have been a happy trip. Yet, most if not all these untoward events might be prevented by a little wise foresight, moderation and common sense. By taking into account the basic principles of safety whether they apply to traffic, water, food or the great outdoors, we can make the most of the vacation time and return home refreshed and ready to put new life into our daily living.

Traffic. Give your car a safety check beforehand, and allow yourself plenty of time to get where you're going. Keep the car interior, including the rear window shelf clear of loose articles, and the area behind the windshield free of projecting objects. If an accident does occur, the use of safety seat belts will protect the passengers, if they are used.

Poison Oak is a constant hazard to people on outings. The best means of prevention is to learn to recognize the shrub with its glossy, leathery-like leaves growing in clusters of three and avoid all contact.

Camping and Hiking. In getting close to nature, you may find some unwelcome company in ticks, chiggers, snakes and poisonous plants. An insect repellant sprayed on the clothes and exposed skin areas will aid in keeping the "bugs" away. To escape trouble from snakes it is best to be able to recognize and then to carefully avoid them. Parents should caution children not to eat seeds from unidentified plants which may be poisonous. The castor bean is an example.

Sunburn: A bad sunburn can be prevented by knowing your own skin and whether or not you burn easily, using a suntan preparation and then avoid overexposure. Too much sun also can lead to sunstroke, so moderation is the key word.

Water Hazards: Swim where there is a lifeguard and with at least one other experienced swimmer. Never swim after eating, or when tired or overheated. When boating, be "water-wise" and observe all safety precautions. Know how to employ mouth-to-mouth resuscitation.

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STATISTICAL REPORT FOR THE 21st WEEK ENDING MAY 28, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	9	46	15	325	842
DIPHTHERIA	0	1	0	0	0
GONORRHEA	127	93	50	2147	1802
HEPATITIS, INF.	8	7	2	65	60
INFLUENZA	0	1	0	6	35
MEASLES	11	125	7	441	936
MENINGOCOCCAL INF.	0	1	0	12	9
MENINGITIS, OTHER	1	1	1	15	13
MUMPS	24	38	13	485	740

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	0	1	0	9	17
POLIOMYELITIS	0	2	0	0	0
RHEUMATIC FEVER	0	0	0	6	2
SALMONELLOSIS	0	4	1	35	19
SHIGELLOSIS	1	2	0	44	18
STREP. INFECTION	8	12	1	171	96
SYPHILIS	20	27	16	388	397
TUBERCULOSIS	9	13	8	187	201
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	9
TUBERCULOSIS	1
BACTERIAL MENINGITIS	1

	1965	1964
DEATHS RECORDED FOR THE WEEK	185	183
BIRTHS RECORDED FOR THE WEEK	292	360

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JUNE 7, 1965

LEADING CAUSES OF DEATH, SAN FRANCISCO RESIDENTS, 1964 and 1963
RATES PER 100,000 ESTIMATED POPULATION

	1964			1963		
	Rank	Number	Rate	Rank	Number	Rate
ALL CAUSES	-	9,598	1270.1	-	10,004	1334.0
Heart disease	1	3,537	468.0	1	3,769	502.6
Malignant neoplasms	2	1,728	228.7	2	1,716	228.8
Vascular lesions of C.N.S.	3	904	119.6	3	1,003	133.8
Accidents	4	535	70.8	4	529	70.5
Cirrhosis of liver	5	469	62.1	5	493	65.7
Influenza and Pneumonia	6	367	48.6	6	316	42.1
Suicides	7	211	27.9	7	227	30.3
Diseases of Early Infancy	8	188	24.9	8	224	29.9
Emphysema	9	169	22.4	10	144	19.2
Arteriosclerosis	10	163	21.6	9	160	21.3
Diabetes	11	107	14.2	12	101	13.5
Aortic aneurysms	12	94	12.4	11	111	14.8
Ulcers, stomach & duodenum	13	90	11.9	13	88	11.7
Hernia and Int. Obstruction	14	74	9.8	16	68	9.1
Congenital malformations	15	60	7.9	14	81	10.8
Tuberculosis	16	60	7.9	15	74	9.9

During 1964 there were 9,598 resident deaths, with a rate of 1270 deaths per 100,000 estimated population compared to 1963 when there were 10,004 deaths and a rate of 1334. The 1964 number and rate are the lowest since 1959 when the number was 9559. In 1957, the number was almost exactly the same, 9600, but the rate was 1307. The 1964 decrease from 1963 was 406 deaths or 4%. The first eight causes retained the same rankings although rates for heart disease, vascular lesions, cirrhosis and suicide decreased. Cancer and accidents had about the same rates. Pneumonia increased by 16% and 27% of the increase was to infants over four weeks of age but not yet one year old. There was a decrease of 16% in deaths coded to certain diseases of early infancy, reflecting the 20% decrease in infant deaths and the pneumonia increase. Emphysema increased 17% over 1963, passing arteriosclerosis on the list of the first ten causes of death.

STATISTICAL REPORT FOR THE 22nd WEEK ENDING JUNE 4, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	16	86	28	341	928
DIPHTHERIA	0	0	0	0	0
GONORRHEA	131	85	55	2277	1887
HEPATITIS, INF.	2	5	0	66	63
INFLUENZA	0	7	0	6	42
MEASLES	31	238	13	472	1068
MENINGOCOCCAL INF.	1	1	0	13	9
MENINGITIS, OTHER	0	0	0	9	13
MUMPS	21	36	6	506	776

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	0	1	0	9	17
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	6	2
SALMONELLOSIS	1	2	0	36	19
SHIGELLOSIS	1	3	0	45	19
STREP. INFECTION	7	9	3	178	99
SYPHILIS	24	26	16	411	413
TUBERCULOSIS	10	16	19	196	214
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	5
TUBERCULOSIS	1

	1965	1964
DEATHS RECORDED FOR THE WEEK	178	187
DEATHS RECORDED FOR THE WEEK	[illegible]	[illegible]

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JUNE 14, 1965

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THE FIRST-AID KIT

Now is the time to check the home first-aid cabinet and the first-aid kit kept in the family auto - for more accidents happen in the summer than in any other season of the year. A properly equipped kit, with fresh supplies which are kept replenished after use, is a very practical aid in relieving many minor injuries and ailments. It may even be life-saving before medical help arrives. But, the best time to provide the home or auto first-aid kit is before it is needed. The following first-aid supplies are suggested for a home kit:

1. Sterile gauze pads
2. Sterile gauze bandages
3. Adhesive tape
4. Adhesive dressings
5. Absorbent cotton - sterile
6. Triangular bandage
7. A mild antiseptic
8. Burn ointment or lotion
9. Petroleum jelly
10. Calamine lotion
11. Aromatic spirits of ammonia
12. Tweezers
13. Scissors with rounded ends
14. Clinical thermometer
15. Flashlight

For autos, the American National Red Cross suggests a specially designed compact unit with standardized first-aid materials fitted into a case, like blocks. The packet is readily stored and the supplies do not become easily disarranged. Each packet is clearly labeled and instructions for use are included. These kits can be obtained at auto supply stores, department stores, etc., with contents selected to meet the purchaser's particular needs. Take some road flares for car safety, and ask your physician regarding other medications for your family for such things as car-sickness, upset stomach, etc.

Regardless of how well equipped the home or auto first-aid kit is, its effective use depends on family members knowing how to give treatment properly. A course in first-aid, such as given by the Red Cross, can be an invaluable investment of time.

STATISTICAL REPORT FOR THE 23rd WEEK ENDING JUNE 11, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964	CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	6	61	15	347	943	PERTUSSIS	0	5	0	9	17
DIPHTHERIA	0	0	0	0	0	POLIOMYELITIS	0	0	0	0	0
GONORRHEA	93	67	48	2370	1947	RHEUMATIC FEVER	0	1	0	6	2
HEPATITIS, INF.	4	5	0	69	63	SALMONELLOSIS	5	5	1	41	20
INFLUENZA	0	1	0	6	43	SHIGELLOSIS	0	2	0	45	19
MEASLES	7	251	9	479	1128	STREP. INFECTION	6	9	2	184	101
MENINGOCOCCAL INF.	0	2	0	13	10	SYPHILIS	16	34	14	427	434
MENINGITIS, OTHER	0	2	0	9	13	TUBERCULOSIS	3	14	7	199	223
MUMPS	16	82	7	522	788	TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

			1965	1964
PNEUMONIA	2	DEATHS RECORDED FOR THE WEEK	219	150
STREP. SEPTICEMIA	1	BIRTHS RECORDED FOR THE WEEK	331	316

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JUNE 21, 1965

JUN 21 1965

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CHILD SAFETY DURING VACATION

The end of the school year introduces the summer vacation time and the prospect of increased accident hazards to San Francisco children. For the child home from school, the dangers from accidents in and about the home become greater simply from his spending more time at home. His abundant energy, unthinking recklessness and propensity for "getting into things" all contribute to his chance of having an accident. As always, the ultimate responsibility for the child's safety rests with the parents to whom the child looks for his security. As parents we should teach our children the basic common sense elements of safety and show how they can have fun and at the same time avoid being reckless. Parents should strive to impress upon the child that there are hazardous ways and safe ways of doing most everything and that by developing safe habits of conduct he will be able to do and enjoy more things than he could otherwise. No one expects parents to watch their children every minute of their waking day, but parents can intensify their usual vigilance during this season when "just having fun" rules the day.

An additional precautionary measure is a thorough check of the home and its environs for hazardous conditions. The abandoned trunk or ice box, the cluttered yard with broken glass or rusty nails, the availability to youngsters of insecticides, caustic substances and other poisonous solutions, - all are examples of hazardous situations which may go unnoticed and uncorrected.

Outside the home there is the everpresent danger from moving vehicles. Adults behind the wheel should remember that children are out of school now and be particularly alert when driving. Parents must instruct children to follow the safety rules about crossing streets, getting off a bus or streetcar and obeying traffic lights. They should be cautioned about running in the streets or darting out behind parked cars. Community playgrounds, parks and home play yards provide safe places for children to play and parents are urged to see that children use these facilities whenever possible.

Finally, firecrackers and other forms of fireworks can be extremely dangerous. Every year at this time many tragic accidents occur as the result of play with seemingly "harmless" fireworks. Parents should see that all safety precautions are observed, or better yet, take their children to public fireworks displays.

STATISTICAL REPORT FOR THE 24th WEEK ENDING JUNE 18, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	9	54	27	356	970
DIPHTHERIA	0	0	0	0	0
GONORRHEA	133	89	55	2503	2036
HEPATITIS, INF.	1	4	2	69	66
INFLUENZA	0	1	0	6	43
MEASLES	12	191	20	491	1184
MENINGOCOCCAL INF.	1	1	0	14	10
MENINGITIS, OTHER	1	1	0	10	13
MUMPS	14	31	13	536	809

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	0	5	0	9	17
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	6	2
SALMONELLOSIS	4	5	0	45	20
SHIGELLOSIS	0	2	0	45	20
STREP. INFECTION	9	7	2	193	103
SYPHILIS	25	24	9	451	453
TUBERCULOSIS	4	13	6	203	229
TYPHOID FEVER	0	1	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

TUBERCULOSIS 1

	1965	1964
DEATHS RECORDED FOR THE WEEK	164	195
BIRTHS RECORDED FOR THE WEEK	286	414

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WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JUNE 28, 1965

A NEW FISCAL YEAR

On July 1, the new fiscal year of the City and County of San Francisco commences. The staff of the Department of Public Health feels encouraged in the recognition by the people of San Francisco through the Board of Supervisors, the Mayor, and the Chief Administrative Officer, that public health needs are of the highest priority.

Progress in our programs would have been impossible without this understanding and without the interest and support of many people who have volunteered their time and energies toward the implementation of our programs. Among these are included the Health Advisory Board and Mental Health Advisory Board, who have worked closely with us in the development of our programs and in the evaluation of our needs. The great variety of voluntary agencies which have supported directly and indirectly the different programs of the department and have worked closely with us are also to be commended for their interest and help.

The 3300 members of the staff paid by the City and those physicians employed by the University of California School of Medicine to supervise the medical care at San Francisco General Hospital contributed immeasurably to the development of our plans for a new San Francisco General Hospital, the bond issue for which will be submitted to the voters in 1965. We can be proud of the work done by our staff and by the people of San Francisco, who have contributed so much to the community health programs in San Francisco.

A look into the future shows us moving into the first of our new health centers in the fall of this year and hopefully, into the second such center about a year from now. With the assistance of professional and lay support, the people of San Francisco will approve the bond issue for a new San Francisco General Hospital which will enable us to develop an outstanding medical center that will serve all the people of San Francisco through its training program for physicians and others associated with medical care, and in the provision of medical services to a considerable segment of the population. The Department appreciates the confidence expressed in it by the people of San Francisco, and intends fully to continue to merit their support.

STATISTICAL REPORT FOR THE 25th WEEK ENDING JUNE 25, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	10	32	11	366	981
DIPHTHERIA	0	0	0	0	0
GONORRHEA	119	93	34	2622	2112
HEPATITIS, INF.	3	4	1	72	67
INFLUENZA	0	0	0	6	43
MEASLES	8	72	19	499	1222
MENINGOCOCCAL INF.	0	1	0	14	10
MENINGITIS, OTHER	0	2	0	10	14
MUMPS	5	31	6	541	815

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	0	2	0	9	17
POLIOMYELITIS	0	1	0	0	0
RHEUMATIC FEVER	0	1	0	6	2
SALMONELLOSIS	1	6	0	46	26
SHIGELLOSIS	1	3	0	46	21
STREP. INFECTION	3	7	0	196	103
SYPHILIS	17	29	13	468	478
TUBERCULOSIS	10	18	7	213	236
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

MENINGOCOCCEMIA	1
PNEUMONIA	3
TUBERCULOSIS	1

	1965	1964
DEATHS RECORDED FOR THE WEEK	212	211
BIRTHS RECORDED FOR THE WEEK	309	429

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JULY 6, 1965

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SWIMMING AND BOATING SAFETY

It is an unfortunate fact that far too many persons who engage in activities in and about water lack an understanding of the hazards involved and neglect to employ proper safeguards against drowning. During the past year, 25 San Franciscans died from drowning. While drownings occur in every season, the toll is heaviest in the summer. This loss of life can be greatly reduced by educating people to certain simple common sense precautions, such as those listed below:

* Learn to swim well. Relax in the water.
* Never swim alone. Make sure someone is nearby who can help.
* Select a safe swimming place, preferably supervised by a trained lifeguard.
* Never swim when overly tired or when the water is extremely cold.
* Never swim right after eating.
* Know your ability and endurance. Distance over water can be misleading.
* Never dive into unknown waters.

During recent years there has been a marked increase in the use of motorboats, canoes and rowboats. Boating in small watercraft is enjoyable recreation; but too often people do not realize the dangers involved, and are not able to cope with emergencies. Boat operators should employ measures to insure not only their own safety but also that of their passengers for whom they are responsible. Following are suggested safety rules for boaters:

* Be courteous. Consider the safety of others.
* Learn safe-handling and safe-rescue before going out in boats.
* Do not overload boats.
* Be extremely careful when you have to stand or change position.
* If a boat overturns, stay with it. Most small craft will float when upset. Don't try to swim a long distance to shore.

Finally, boaters, swimmers and just anyone around water needs to know how to rescue a person from drowning and how to give mouth-to-mouth artificial respiration.

STATISTICAL REPORT FOR THE 26th WEEK ENDING JULY 2, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	7	15	3	373	989
DIPHTHERIA	0	0	0	0	0
GONORRHEA	139	103	30	2761	2205
HEPATITIS, INF.	2	4	1	74	69
INFLUENZA	0	1	0	6	43
MEASLES	4	60	8	503	1243
MENINGOCOCCAL INF.	0	0	0	14	10
MENINGITIS, OTHER	1	0	0	11	14
MUMPS	3	13	4	544	821

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	0	2	0	9	17
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	1	0	6	2
SALMONELLOSIS	1	4	0	47	26
SHIGELLOSIS	3	4	0	49	22
STREP. INFECTION	5	8	1	201	104
SYPHILIS	18	28	14	486	497
TUBERCULOSIS	21	12	4	234	248
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	3
SYPHILIS	1

	1965	1964
DEATHS RECORDED FOR THE WEEK	178	178
BIRTHS RECORDED FOR THE WEEK	396	407

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JULY 12, 1965

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1965-1966 INFLUENZA SEASON - PREVENTION NOW

The U.S. Public Health Service Advisory Committee on Immunization Practices met on June 11, 1965 to review the problem and formulate recommendations. They noted that the eastern two-thirds of the country had a higher level of influenza involvement during the preceding season than the western one-third. Such patterns in the past could suggest a higher incidence rate in California and San Francisco this coming season over the one just past.

Considering the composition of this year's vaccine as compared to that of the past few years, the Advisory Committee recommends a single "booster" dose for those vaccinated since July 1963. For those who were immunized prior to that date, two doses are recommended; the second given two months after the first. As the vaccine is produced in eggs, it should not be given to those allergic to eggs or egg products.

Protection from influenza with immunization is generally recommended for persons who experience high mortality from epidemic influenza. Such groups include:

1. Persons of all ages who suffer from chronic diseases, e.g., cardiovascular, pulmonary, renal or metabolic disorders.

2. Persons in older age groups, particularly those over 65 years of age.

3. Pregnant women.

4. Patients residing in nursing homes and chronic disease hospitals, who in addition to their age and chronic illness are exposed to an added risk of disease spread due to the usual crowded living arrangements.

STATISTICAL REPORT FOR THE 27th WEEK ENDING JULY 9, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964	CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	2	28	6	375	997	PERTUSSIS	0	5	0	9	17
DIPHTHERIA	0	0	0	0	0	POLIOMYELITIS	0	0	0	0	0
GONORRHEA	120	86	58	2881	2291	RHEUMATIC FEVER	0	0	0	6	2
HEPATITIS, INF.	3	4	0	77	70	SALMONELLOSIS	0	4	1	47	29
INFLUENZA	0	0	0	6	43	SHIGELLOSIS	1	3	0	50	25
MEASLES	2	69	4	505	1312	STREP. INFECTION	0	5	0	201	104
MENINGOCOCCAL INF.	0	1	0	14	11	SYPHILIS	21	32	13	507	510
MENINGITIS, OTHER	0	2	0	11	14	TUBERCULOSIS	6	11	3	239	258
MUMPS	1	13	4	545	825	TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:			1965	1964
PNEUMONIA	6	DEATHS RECORDED FOR THE WEEK	150	191
		BIRTHS RECORDED FOR THE WEEK	299	326

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JULY 19, 1965

SEAT BELTS

The recent action by the U.S. Government's General Services Administration requiring 17 safety features to be incorporated into all the 1967 new cars it will purchase, emphasizes the continuing need to "delethalize" our automobiles. These proposed interior safety features include strongly anchored seats and seat belts; padded dashboard and sun visors, recessed dashboard knobs and levers; safety door locks and hinges, and safety glass in windshields and windows. Many of the required features are already installed or optional equipment in some makes of cars.

The simple use of seat belts, though not a panacea, is nevertheless at the moment, the most important single, economically feasible and acceptable available device to control trauma associated with automobile accidents. They should be a "must" for every automobile passenger, particularly until the safety features listed above become standard in every automobile sold. In support of this, crash injury research and highway experience has provided well documented data that:

1. If you have an accident in a car and are not thrown out, your chances of being hurt increase by two and one-half times if you are not wearing a seat belt; your chances of a potentially fatal injury are three and one-half times greater without a seat belt.

2. If you have an accident in a car and are thrown out (no seat belt), your chances of being injured are two and one-half times greater than persons wearing seat belts and not thrown out. Under similar conditions, however, your chances of being killed if thrown from the car are eight times greater than those of the person wearing a seat belt.

The use of seat belts is but one preventive aspect of a complex problem of traffic safety which involves all segments of the community, including official and voluntary agencies, schools and industry. Each of us individually, and in our personal and/or professional capacity can contribute to the lessening of this problem by doing what we can toward encouraging the use of seat belts whenever and wherever possible. A good beginning would be for each of us to set an example by installing and using them in our own cars.

STATISTICAL REPORT FOR THE 28th WEEK ENDING JULY 16, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	16	22	4	391	1002
DIPHTHERIA	0	0	0	0	0
GONORRHEA	95	83	31	2976	2374
HEPATITIS, INF.	5	8	0	82	71
INFLUENZA	0	0	0	6	43
MEASLES	2	36	13	507	1329
MENINGOCOCCAL INF.	0	1	0	14	11
MENINGITIS, OTHER	1	2	0	12	14
MUMPS	5	15	5	550	832

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	0	4	0	9	17
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	6	2
SALMONELLOSIS	1	2	1	48	30
SHIGELLOSIS	2	3	0	52	25
STREP. INFECTION	3	8	0	204	106
SYPHILIS	14	25	10	521	533
TUBERCULOSIS	10	12	2	249	260
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	4
TUBERCULOSIS	2

	1965	1964
DEATHS RECORDED FOR THE WEEK	213	167
BIRTHS RECORDED FOR THE WEEK	392	336

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CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JULY 26, 1965

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RESCUE BREATHING

Each year approximately 50,000 people die of gas or smoke inhalation, drowning and similar accidents. Many of the victims could be saved if someone knew the simple steps involved in mouth-to-mouth artificial respiration. The primary purpose of this method is to get air to the patient quickly and effectively, by blowing one's breath into his lungs. This technique delivers two to three times the amount of air provided by older manual methods. The first several seconds are vitally important; time should not be wasted. Calling a doctor, or transporting the victim or giving secondary forms of first aid can await some one else's action.

1. CLEAN THE THROAT ONLY IF NECESSARY. Place the victim on his back. If foreign matter is present, turn his head to one side, force the mouth open, wipe the mouth and throat clean.

2. TILT THE HEAD BACK as far as possible.

3. ELEVATE THE VICTIM'S JAW into jutting-out position by inserting thumb between the teeth, grasping the lower jaw and lifting it forcefully upward. Do not allow the chin to sag.

4. OPEN YOUR MOUTH WIDE and cover the victim's mouth completely by placing your mouth over his with airtight contact. At the same time close the victim's nose by pinching it between the thumb and finger.

5. BLOW AIR FORCEFULLY into the victim's lungs until you see the chest rise (blow gently for children); remove your mouth and let him exhale. If the chest does not rise, check the steps above.

6. REPEAT STEP NO. 5 approximately twelve times a minute until the victim revives (twenty times a minute for children).

An illustrated leaflet outlining the steps above may be obtained from the Bureau of Public Health Education, San Francisco Department of Public Health.

STATISTICAL REPORT FOR THE 29th WEEK ENDING JULY 23, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964	CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	2	20	2	393	1004	PERTUSSIS	0	5	0	9	17
DIPHTHERIA	0	0	0	0	0	POLIOMYELITIS	0	0	0	0	0
GONORRHEA	120	98	43	3096	2472	RHEUMATIC FEVER	0	1	0	6	2
HEPATITIS, INF.	1	8	0	83	71	SALMONELLOSIS	4	6	0	52	35
INFLUENZA	0	1	0	6	43	SHIGELLOSIS	6	3	0	58	27
MEASLES	5	32	2	512	1347	STREP. INFECTION	4	5	1	208	110
MENINGOCOCCAL INF.	0	1	0	14	12	SYPHILIS	16	25	11	535	547
MENINGITIS, OTHER	0	0	0	12	14	TUBERCULOSIS	8	11	4	257	265
MUMPS	3	12	2	553	835	TYPHOID FEVER	0	1	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

			1965	1964
PNEUMONIA	4	DEATHS RECORDED FOR THE WEEK	188	166
SYPHILIS	1	BIRTHS RECORDED FOR THE WEEK	357	339

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DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — AUGUST 2, 1965

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SCHOOL AHEAD

Next month, approximately five thousand San Francisco children will start to school for the first time. School, as well as health authorities, recommend that each of these children be given a thorough medical examination before entering school. Trouble may be prevented by finding disorders that are easily correctable when diagnosed early. The parent is an important participant in the child's medical examination. During the examination, the doctor will want information that only a parent can supply, such as, how current are the child's immunizations, what are his eating and sleeping habits, how many colds he has had, as well as other matters that parents know more about than anyone else. In addition, the doctor will want to know what parents can or will do if physical defects such as poor eyesight or loss of hearing are detected. These defects may need correction, and it is the parent who must carry through the responsibility for proper treatment. It is wise to start any such corrective measures early because adjusting to handicaps may be more upsetting when the child is also trying to adjust to his new life in school.

The school cannot accept responsibility for treating an illness or physical defect. However, it is concerned that a child get the attention needed for conditions that may possibly handicap his progress in school. For this reason, every school is provided with the services of a public health nurse who is the health liaison between the home and the school and is the parents' best ally if the child is not up to par physically. It is important that parents contact her regarding the health status of the child in school and cooperate by responding to her recommendations.

This is also a good time to review children's diet and sleeping habits. Parents should plan to include in the child's daily meal pattern: 3 to 4 cups of milk; at least one good serving of meat, poultry or fish at one meal; a green and yellow vegetable; fruits, including those rich in vitamin C; bread and cereals; butter or margarine; an egg or cheese. Likewise, parents should insist that their children get regular and sufficient sleep. Young children need from 10 to 12 hours sleep in a quiet darkened room that is adequately ventilated.

STATISTICAL REPORT FOR THE 30th WEEK ENDING JULY 30, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	3	6	4	396	1009
DIPHTHERIA	0	0	0	0	0
GONORRHEA	123	84	40	3219	2556
HEPATITIS, INF.	1	5	0	84	71
INFLUENZA	0	4	0	6	47
MEASLES	5	21	4	517	1355
MENINGOCOCCAL INF.	1	2	0	15	12
MENINGITIS, OTHER	1	1	0	13	14
MUMPS	2	12	6	555	841

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	1	3	0	10	18
POLIOMYELITIS	0	1	0	0	0
RHEUMATIC FEVER	0	1	0	6	2
SALMONELLOSIS	0	5	2	52	38
SHIGELLOSIS	1	2	0	59	27
STREP. INFECTION	1	2	1	209	111
SYPHILIS	15	25	12	550	561
TUBERCULOSIS	9	14	7	266	272
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
HEPATITIS, INF.	1
PNEUMONIA	3
SYPHILIS	1
TUBERCULOSIS	2

	1965	1964
DEATHS RECORDED FOR THE WEEK	194	183
BIRTHS RECORDED FOR THE WEEK	350	340

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DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR AUGUST 9, 1965

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RANKING CAUSES OF DEATH FOR SAN FRANCISCO WHITES, NEGROES AND CHINESE AND RATES PER 100,000 ESTIMATED POPULATION, 1964

	WHITE		NEGROES		CHINESE	
	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE
ALL CAUSES	8527	1437.5	583	652.1	301	709.9
Heart Disease	3253	548.4	151	168.9	89	209.9
Malignant Neoplasms	1550	261.3	83	92.8	60	141.5
Vascular Lesions of C.N.S.	810	136.5	49	54.8	36	84.9
Accidents	440	74.2	60	67.1	11	25.9
Cirrhosis of the Liver	417	70.3	38	42.5	8	18.9
Influenza and Pneumonia	317	53.4	32	35.8	11	25.9
Suicide	198	33.4	2	2.2	8	18.9
Arteriosclerosis	159	26.8	2	2.2	1	2.4
Emphysema	152	25.6	6	6.7	7	16.5
Diseases of Early Infancy	109	18.4	52	58.2	8	18.9
Diabetes	88	14.8	12	13.4	4	9.4
Aortic Aneurysms	86	14.5	3	3.4	3	7.1
Ulcers, Stomach and Duodenum	86	14.5	2	2.2	1	2.4
Hernia and Intestinal Obstr.	62	10.5	9	10.1	2	4.7
Infections of Kidney	45	7.6	3	3.4	1	2.4
Congenital Malformations	43	7.2	7	7.8	7	16.5
Tuberculosis	41	6.9	6	6.7	9	21.2
Homicide	28	4.7	15	16.8	3	7.1

Race-specific rates for leading causes of death in San Francisco in 1964 offer clues to health problems among ethnic groups. Heart disease and cancer, the two leading causes in all groups, are 56% of the white deaths, 40% of the Negro deaths and nearly half (49.5%) of the Chinese deaths. Accidents are the third cause of death for Negroes but fourth for whites and Chinese. Certain diseases of early infancy are the fourth cause for Negroes but have receded to tenth place among whites. The tuberculosis death rate for Chinese is still more than three times the whites and Negroes.

STATISTICAL REPORT FOR THE 31st WEEK ENDING AUGUST 6, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	1	7	2	397	1012
DIPHTHERIA	0	0	0	0	0
GONORRHEA	89	80	41	3308	2636
HEPATITIS, INF.	2	5	0	86	71
INFLUENZA	0	0	0	6	47
MEASLES	4	12	3	521	1364
MENINGOCOCCAL INF.	0	0	0	15	12
MENINGITIS, OTHER	0	1	0	13	14
MUMPS	2	10	3	557	850

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	0	4	0	10	18
POLIOMYELITIS	0	1	0	0	0
RHEUMATIC FEVER	0	0	0	6	2
SALMONELLOSIS	2	3	2	54	40
SHIGELLOSIS	4	0	0	63	27
STREP. INFECTION	1	4	2	210	113
SYPHILIS	14	24	6	564	567
TUBERCULOSIS	5	18	6	271	284
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	4
PNEUMOCOCCUS SEPTICEMIA	1

	1965	1964
DEATHS RECORDED FOR THE WEEK	201	160
BIRTHS RECORDED FOR THE WEEK	396	408

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — AUGUST 16, 1965

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PROVISIONAL CRUDE BIRTH AND DEATH RATES, UNITED STATES, CALIFORNIA, AND 5 COUNTIES, 1960 - 1964

YEAR	U.S.	CALIF.	ALAMEDA	CONTRA COSTA	MARIN	SAN FRANCISCO	SAN MATEO
	BIRTH RATES PER 1,000 POPULATION						
1960	23.6	23.4	22.9	22.8	22.9	19.9	22.5
1961	23.4	23.2	22.9	22.3	21.8	19.8	21.8
1962	22.4	22.2	21.7	20.7	20.7	19.0	20.6
1963	21.6	21.5	21.5	19.5	19.3	18.5	19.7
1964	21.2	20.5	20.5	18.9	18.5	17.5	18.7
	DEATH RATES PER 1,000 POPULATION						
1960	9.5	8.5	9.3	6.3	7.2	13.3	6.5
1961	9.3	8.3	9.0	6.1	6.5	13.1	6.5
1962	9.5	8.3	8.9	5.9	6.8	13.1	6.5
1963	9.6	8.4	9.3	6.1	6.5	13.3	6.6
1964	9.4	8.3	9.1	6.0	6.7	12.7	6.6

Again in 1964, the downward trend in crude birth rates that began in 1957 continued in all the jurisdictions listed. The U.S. birth rate decreased 10% from 1960 to 1964; California's was 12.4%. Alameda County had the smallest decrease, 10.5%, then San Francisco with 12.1%. San Mateo had a nearly 17% decrease, Contra Costa had just over 17% and Marin was highest with a decrease of 19.2% in the birth rate since 1960. Yet marriages continued to increase in the U.S., California and San Francisco in 1964 as in 1963.

With the exception of San Mateo County, all jurisdictions showed a decrease in the crude death rate from 1960 to 1964 ranging from the 1% decrease in the U.S., 2.4% in California as a whole to the 6.9 decrease experienced in Marin County.

STATISTICAL REPORT FOR THE 32nd WEEK ENDING AUGUST 13, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	7	13	1	404	1013
DIPHTHERIA	0	0	0	0	0
GONORRHEA	157	113	51	3465	2749
HEPATITIS, INF.	2	2	1	89	72
INFLUENZA	0	1	0	6	48
MEASLES	8	10	2	529	1369
MENINGOCOCCAL INF.	1	1	0	16	13
MENINGITIS, OTHER	1	1	0	14	14
MUMPS	7	12	2	564	856

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	0	2	0	10	18
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	6	2
SALMONELLOSIS	1	3	0	55	43
SHIGELLOSIS	2	3	0	65	28
STREP. INFECTION	4	4	0	214	113
SYPHILIS	16	21	14	580	581
TUBERCULOSIS	9	12	7	280	295
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

MENINGOCOCCAL BACTEREMIA	1
PNEUMONIA	5

	1965	1964
DEATHS RECORDED FOR THE WEEK	163	154
BIRTHS RECORDED FOR THE WEEK	329	403

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR AUGUST 23, 1965

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OBESITY

A few decades ago public health workers were most concerned with controlling communicable diseases and improving environmental sanitation. Today many of the major causes of illness and death of former years have yielded to the new weapons of medical science and to persistent efforts on the part of medical doctors and public health agencies. As a result, other conditions have been coming to the fore as major public health problems. One such problem, characteristic of a land of plenty, is the condition of being overweight or obese. It has been observed that obesity has replaced the vitamin deficiency diseases as the leading nutrition problem in the United States. While there are no exact figures, it is estimated that at least one-third of adults over the age of 40 years are more than 20 percent above their best weights.

Studies by insurance companies and various research groups all over the country indicate that the obese die younger than people of normal weight. Obesity is associated with a high incidence of heart and circulatory diseases, diabetes, cirrhosis of the liver, gall bladder disease and hernia. Overweight people run a greater risk when surgery is necessary and also seem to have less resistance to infection. Complications in pregnancy occur more frequently in overweight women.

On the other hand, life is more comfortable and enjoyable for those whose weight is within normal limits. They are apt to live longer because of better resistance to infections and organic diseases. In addition to feeling better, they look better, an important consideration in a day when nearly everyone is "appearance conscious".

While there are numerous contributing influences, it is an accepted fact that most people are overweight simply because they eat more food than they need. Body metabolism begins to slow down between the ages of thirty and forty, less food is needed to do the job of running the human machine and excess food is then stored as fat. As with most other health problems, prevention is better than attempting a cure. Establishing good food eating habits early in life, or changing long-established poor eating habits is never easy. Crash low calorie diets usually afford only temporary benefit. If we can begin today to develop a pattern of good food practices, we will be on the way toward reaching the desirable weight which makes for optimum health and maximum life expectancy.

STATISTICAL REPORT FOR THE 33rd WEEK ENDING AUGUST 20, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	2	7	3	406	1020
DIPHTHERIA	0	0	0	0	0
GONORRHEA	144	93	57	3609	2842
HEPATITIS, INF.	6	7	1	95	74
INFLUENZA	0	0	0	6	48
MEASLES	2	19	1	531	1375
MENINGOCOCCAL INF.	0	1	0	16	14
MENINGITIS, OTHER	1	1	0	15	15
MUMPS	3	12	1	567	867

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	0	2	0	10	18
POLIOMYELITIS	0	1	0	0	0
RHEUMATIC FEVER	0	0	0	6	2
SALMONELLOSIS	1	3	2	56	45
SHIGELLOSIS	1	5	0	66	30
STREP. INFECTION	2	11	2	216	121
SYPHILIS	32	25	12	612	593
TUBERCULOSIS	10	10	6	290	303
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	3
TUBERCULOSIS	1

	1965	1964
DEATHS RECORDED FOR THE WEEK	162	180
BIRTHS RECORDED FOR THE WEEK	276	335

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR AUGUST 30, 1965

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DEATHS FROM IMPORTANT CAUSES
SAN FRANCISCO, CALIFORNIA AND UNITED STATES, 1964

CAUSE OF DEATH	RATE PER 100,000 POPULATION			PERCENT OF TOTAL DEATHS		
	S.F.	Cal.	U.S.	S.F.	Cal.	U.S.
ALL CAUSES	1270.1	826.8	941.3	100.0	100.0	100.0
Heart Diseases	468.7	313.3	367.0	36.9	37.9	39.0
Malignant Neoplasms	228.7	136.5	151.6	18.0	16.5	16.1
Vascular Lesions C.N.S.	119.6	86.7	104.9	9.4	10.5	11.1
Accidents	70.8	54.5	54.1	5.6	6.6	5.7
Cirrhosis of Liver	62.1	19.5	12.3	4.9	2.4	1.3
Influenza and Pneumonia	48.6	27.1	31.2	3.8	3.3	3.3
Suicides	27.9	16.7	10.7	2.2	2.0	1.1
Diseases of Early Infancy	24.9	27.6	31.1	2.0	3.3	3.3
Emphysema	22.4	12.6	9.3	1.8	1.5	1.0
Arteriosclerosis	21.6	15.8	19.4	1.7	1.9	2.1
Diabetes	14.2	10.1	16.8	1.1	1.2	1.8
Aortic Aneurysms	12.4	7.2	5.7	1.0	0.9	0.6
Ulcers Stomach & Duodenal	11.9	5.8	5.7	0.9	0.7	0.6
Hernia & Intestinal Obstr.	9.8	4.4	5.1	0.8	0.5	0.5
Congenital Malformations	7.9	9.9	10.8	0.6	1.2	1.1
Tuberculosis	7.9	3.2	4.2	0.6	0.4	0.4

Again in 1964, the first 4 leading causes of death were the same in San Francisco, California and the United States and accounted for about 70% of all deaths. Rates were highest in San Francisco for every cause except diseases of early infancy and congenital malformations and the U.S. rate for diabetes. Cirrhosis of the liver was again the fifth cause in San Francisco, seventh in California and ninth in the U.S. Emphysema advanced to ninth place in San Francisco and tenth and twelfth in California and the U.S.

STATISTICAL REPORT FOR THE 34th WEEK ENDING AUGUST 27, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	0	4	1	406	1021
DIPHTHERIA	0	0	0	0	0
GONORRHEA	82	76	42	3691	2914
HEPATITIS, INF.	3	4	1	98	78
INFLUENZA	0	3	0	6	43
MEASLES	3	5	0	534	1375
MENINGOCOCCAL INF.	0	0	0	16	14
MENINGITIS, OTHER	2	2	0	17	15
MUMPS	1	3	2	568	871

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	0	4	0	10	18
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	6	2
SALMONELLOSIS	0	4	1	56	48
SHIGELLOSIS	0	2	0	26	31
STREP. INFECTION	1	7	1	217	125
SYPHILIS	16	27	12	627	605
TUBERCULOSIS	5	14	6	295	317
TYPHOID FEVER	0	1	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

HEPATITIS, INFEC.	1		
MENINGITIS, PURUL.	1	RUBELLA	1
PNEUMONIA	4	TUBERCULOSIS	2

	1965	1964
DEATHS RECORDED FOR THE WEEK	174	153
BIRTHS RECORDED FOR THE WEEK	399	365

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65 ELLIS D. SOX, M.D., DIRECTOR SEPTEMBER 7, 1965

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PERCENT OF SAN FRANCISCO RESIDENT LIVE BIRTHS BY ETHNIC GROUPS

	1950	1955	1960	1964
TOTAL	100.0	100.0	100.0	100.0
White	81.2	76.1	71.0	67.7
Nonwhite	18.8	23.9	29.0	32.3
Negro	9.5	14.0	16.8	18.8
Chinese	7.0	6.0	5.9	6.2
Japanese	0.8	1.4	1.8	1.6
Filipino	Included in Other		3.0	3.1
Other	1.5	2.5	1.5	2.6

Along with the decrease in births and birth rates in San Francisco since 1950, there have been shifts in the proportions of white and nonwhite births. The overall crude birth rate in 1950 was 20.0 per 1,000 population; the rate declined to 17.5 in 1964. The white birth rate was 18.1 in 1950 compared to 15.1 in 1964. The nonwhite birth rate decreased even more sharply, from 35.7 in 1950 to 26.3 in 1964. Since the 1964 rates are based on estimates of population by ethnic group and we have not had a census since 1960, there is no way at present of knowing how far off the rates are. Looking at births in the ethnic groups as percents of all births, we find that the proportion of white births has decreased gradually from 12,571 in 1950 to 8,959 in 1964, nearly 29%. The total number of nonwhite births has gone up steadily from 2,906 in 1950 to 4,280 in 1964 or 47%. The Chinese were the only nonwhite group showing a decrease in percent of the total over the 15 year period; the Filipinos and "Other" increased threefold, the Japanese increased just 100% and the Negroes increased 98%.

STATISTICAL REPORT FOR THE 35th WEEK ENDING SEPTEMBER 3, 1965

CASES REPORTED	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964	CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	9	8	0	815	1021	PERTUSSIS	0	2	0	10	18
DIPHTHERIA	0	0	0	0	0	POLIOMYELITIS	0	0	0	0	0
GONORRHEA	165	120	51	3856	3034	RHEUMATIC FEVER	0	1	0	6	2
HEPATITIS, INF.	10	7	1	108	79	SALMONELLOSIS	1	4	1	57	52
INFLUENZA	1	2	0	7	49	SHIGELLOSIS	1	6	0	67	32
MEASLES	5	6	1	539	1376	STREP. INFECTION	0	7	0	217	127
MENINGOCOCCAL INF.	0	0	0	18	14	SYPHILIS	25	32	15	650	621
MENINGITIS, OTHER	2	2	0	19	15	TUBERCULOSIS	10	17	5	305	323
MUMPS	4	20	2	572	874	TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

INFLUENZA	1
HEPATITIS, VIRAL	1
TUBERCULOSIS	3

	1965	1964
DEATHS RECORDED FOR THE WEEK	221	191
BIRTHS RECORDED FOR THE WEEK	410	429

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CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR SEPTEMBER 13, 1965

SCHOOL AGAIN

San Francisco children have gone off to school again, some returning to the classroom and some just beginning their school experience. Parents realize that starting to school is a big step for the child and want to help him make a satisfactory transition from home to school. Starting to school marks the beginning of a new pattern of living for a child who is changing physically, mentally and emotionally. The more the child has felt secure in his family's love, learned to get along with others, shared in small responsibilities and learned to do some things on his own, the better he is emotionally prepared to enjoy and profit from his school experience.

The child in school also needs to be physically healthy in order to learn effectively, and his health supervision is primarily his parents' responsibility. The school situation brings increased exposure to colds and respiratory ailments and to other contagious diseases, particularly if this is the child's first experience away from home. It is important that parents keep themselves informed on the health status of the child in school and cooperate by responding to health recommendations made by the school nurse or physician. In this way health problems can be caught early before they have a chance to develop into serious conditions which may be difficult to correct.

The health problems posed during the school years offer fruitful opportunities for cooperative endeavor between parents and those responsible for the school health program. The school, of course, has responsibility to educate for safe and healthful living and to create and maintain a safe and healthful environment. In San Francisco, the Department of Public Health has responsibility for the provision of school health services, both medical and nursing. A public health nurse is assigned to each school and provides professional school nursing as a part of her generalized nursing duties, working out of a district health center. Parents may phone the neighborhood Health Center for information and assistance in receiving health services for their child.

STATISTICAL REPORT FOR THE 36th WEEK ENDING SEPTEMBER 10, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964	CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	2	7	0	417	1024	PERTUSSIS	0	2	0	10	18
DIPHTHERIA	0	0	0	0	0	POLIOMYELITIS	0	1	0	0	0
GONORRHEA	116	100	59	3972	3134	RHEUMATIC FEVER	0	0	0	6	2
HEPATITIS, INF.	3	5	0	111	82	SALMONELLOSIS	1	4	1	58	55
INFLUENZA	0	0	0	7	49	SHIGELLOSIS	1	4	0	68	33
MEASLES	2	5	0	541	1376	STREP. INFECTION	1	1	0	218	127
MENINGOCOCCAL INF.	1	2	0	17	15	SYPHILIS	18	26	5	668	626
MENINGITIS, OTHER	0	1	0	19	15	TUBERCULOSIS	9	9	3	314	331
MUMPS	2	4	0	574	878	TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:			1965	1964
GAS GANGRENE	1	DEATHS RECORDED FOR THE WEEK	130	162
PNEUMONIA	2	BIRTHS RECORDED FOR THE WEEK	215	370

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DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR SEPTEMBER 20, 1965

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TUBERCULOSIS CASE FINDING BY X-RAY SURVEY IN SAN FRANCISCO IN 1964

During 1964 there were 110,319 chest minifilms taken by the combined facilities of the San Francisco Medical Society, the Mobile Unit of the San Francisco Tuberculosis Association, and the San Francisco Health Department. A total of 211 active cases of tuberculosis was discovered, of which 169 were previously unknown. The Medical Society unit discovered 17 unknown active cases in 20,058 films. The Mobile Unit took 49,238 films in community survey projects, finding 37 active cases, of which 28 were previously unknown.

The Health Department Unit at 101 Grove Street took 22,797 minifilms, finding 28 active cases, of which 26 were previously unknown. This group includes only those who admit no contact with the disease and who have no symptoms. In addition, 1,277 individuals with symptoms requested a chest film. Since the incidence of suspicion is very high in such a group, large chest films were taken revealing 64 with active tuberculosis, of whom 47 were previously unknown. Of the totel 24,074 chest films taken by this unit, 92 active cases were found, of which 73 were previously unknown.

The Admission Chest X-Ray Program at San Francisco General Hospital took 10,536 films, finding 48 active cases, of which 39 were previously unknown.

The Jail X-Ray Program had a yield of about 2.75 active tuberculosis cases per 1,000 inmates examined, or 11 active cases for 3,944 films taken, of which 7 were previously unknown. Of 2,469 films taken at Northeast Health Center, 5 active cases were found, of which 5 were previously unknown. These three programs find active tuberculosis in people in whom it is not suspected. As a result, personnel, patients and inmates are protected from close and prolonged exposure to communicable tuberculosis, and thus spread of the disease is controlled.

Private physicians, the Medical Society, Tuberculosis Association, and Health Department limit X-Ray case finding to high risk individuals and groups, and thereby increase the productivity of these programs.

STATISTICAL REPORT FOR THE 37th WEEK ENDING SEPTEMBER 17, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	3	6	1	420	1025
DIPHTHERIA	0	0	0	0	0
GONORRHEA	100	126	43	4072	3260
HEPATITIS, INF.	3	16	1	114	98
INFLUENZA	0	0	0	7	49
MEASLES	0	8	0	541	1376
MENINGOCOCCAL INF.	0	1	0	17	16
MENINGITIS, OTHER	0	4	0	19	15
MUMPS	1	9	3	575	882

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	0	2	0	10	18
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	1	0	6	2
SALMONELLOSIS	2	4	0	60	58
SHIGELLOSIS	0	3	0	68	34
STREP. INFECTION	6	4	1	224	131
SYPHILIS	9	30	11	677	656
TUBERCULOSIS	8	15	3	321	338
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

HEPATITIS, INF.	1
PNEUMONIA	3
TUBERCULOSIS	1

	1965	1964
DEATHS RECORDED FOR THE WEEK	208	142
BIRTHS RECORDED FOR THE WEEK	407	256

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DEPARTMENT OF PUBLIC HEALTH

65 ELLIS D. SOX, M.D., DIRECTOR — SEPTEMBER 27, 1965

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INFECTIOUS VENEREAL DISEASE * BY AGE GROUP
SAN FRANCISCO REPORTED CIVILIAN CASES, 1959-1964

AGE GROUP	1959	1960	1961	1962	1963	1964
TOTAL	2920	3176	3680	4267	4876	5445
0 - 14	12	16	14	27	31	25
15 - 19	287	338	408	468	579	734
20 - 24	814	919	1102	1332	1523	1785
25 - 34	1317	1384	1504	1705	1873	2083
35 - 44	400	433	519	573	693	646
45 & OVER	90	86	133	162	177	172

AGE GROUP	INCREASE 1959 - 1964	1959-1964 PERCENT INCREASE	PERCENT IN EACH AGE GROUP
TOTAL	2525	86.5	100.0
0 - 14	13	108.3	0.5
15 - 19	447	155.7	17.7
20 - 24	971	119.3	38.5
25 - 34	766	58.2	30.3
35 - 44	246	61.5	9.7
45 & OVER	82	91.1	3.3

* INFECTIOUS VENEREAL DISEASE INCLUDES PRIMARY, SECONDARY AND EARLY LATENT SYPHILIS AND ALL DIAGNOSED CASES OF GONORRHEA.

Reported cases of infectious venereal disease continued to increase in San Francisco during 1964 despite constantly expanding intensive efforts by this Department's Division of Venereal Disease Control. Total Civilian cases reported were 5,445 in 1964 and 4,876 in 1963 and it should be noted that an estimated 80% of all cases go unreported. The first table above shows the increase of infectious venereal disease from 1959 to 1964 by age group. Last year nearly one half of all reported cases occurred in the 15-24 year age group. Only about one half of one percent of diagnosed cases, principally gonorrhea in the female, occurred in childred under 15 years of age.

The second table shows the percentage increases in the various age groups during the five-year period since 1959. The startling fact is that the greatest percentage increase, 156%, is found in the 15-19 age group. This is essentially our high school population. Whatever the reasons may be for this high percent increase, the need for venereal disease education is obvious.

STATISTICAL REPORT FOR THE 38th WEEK ENDING SEPTEMBER 24, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	3	14	2	423	1030
DIPHTHERIA	0	0	0	0	0
GONORRHEA	187	80	44	4259	3319
HEPATITIS, INF.	6	9	1	119	103
MEASLES	2	8	1	543	1378
MENINGOCOCCAL INF.	1	2	0	18	17
MENINGITIS, OTHER	0	3	0	19	15
MUMPS	5	28	3	580	885
INFLUENZA	0	2	0	7	49

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	0	0	0	10	18
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	1	0	6	2
SALMONELLOSIS	3	7	0	63	58
SHIGELLOSIS	2	2	1	70	35
STREP. INFECTION	5	5	0	229	132
SYPHILIS	24	29	11	699	667
TUBERCULOSIS	5	9	2	326	343
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

TUBERCULOSIS 1

	1965	1964
DEATHS RECORDED FOR THE WEEK	205	225
BIRTHS RECORDED FOR THE WEEK	398	348

7.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR OCTOBER 4, 1965

OC. 4 1965

DEATH RATES PER 100,000 POPULATION FOR CIRRHOSIS OF THE LIVER BY AGE, SEX AND ETHNIC GROUP

San Francisco Residents, 1959-1961

AGE GROUP	TOTAL			WHITE			NONWHITE		
	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
TOTAL ALL AGES	61.3	80.3	43.1	67.4	88.7	47.3	34.3	45.0	22.9
15 - 34	7.6	8.3	6.8	6.2	6.9	5.5	13.0	14.8	11.5
35 - 44	70.9	83.0	59.6	76.8	90.8	64.1	48.0	54.5	41.5
45 - 54	138.2	171.9	106.7	146.0	185.7	111.3	92.7	107.4	72.4
55 - 64	137.2	186.2	89.2	137.4	190.6	88.6	135.9	157.8	96.9
65 - 74	112.1	181.8	51.4	114.8	189.0	52.9	73.4	105.7	21.2
75 Plus	75.3	125.1	39.4	74.4	123.4	40.6	93.7	148.8	-

Cirrhosis of the liver, generally the fifth leading cause of death in San Francisco, each year accounts for about 5% of all deaths. When age-and-sex-specific rates are further broken down into white and nonwhite groups, interesting differences appear. Rates for the youngest and oldest age groups are based on small numbers of cases, and in the oldest age group on a small population and by chance alone are subject to great variation. The table shows unequivocally that males in any age group have higher rates than females. It should be noted that the great bulk of these cirrhotic deaths are related to the excessive ingestion of alcohol over a long period of time, usually associated with a poor diet. This is reflected in that the age group with the highest death rate is that from 45 - 74.

STATISTICAL REPORT FOR THE 39th WEEK ENDING OCTOBER 1, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	0	5	0	423	1031
DIPHTHERIA	0	0	0	0	0
GONORRHEA	140	94	48	4399	3413
HEPATITIS, INF.	5	4	2	124	105
INFLUENZA	0	2	0	7	51
MEASLES	3	13	0	546	1378
MENINGOCOCCAL INF.	0	1	0	18	17
MENINGITIS, OTHER	0	1	0	19	15
MUMPS	2	9	3	582	889
PERTUSSIS	0	1	0	10	18
POLIOMYELITIS	0	1	0	0	0
RHEUMATIC FEVER	0	0	0	6	2
SALMONELLOSIS	8	13	0	71	71
SHIGELLOSIS	1	7	0	71	42
STREP. INFECTION	1	5	1	230	134
SYPHILIS	19	29	21	718	696
TUBERCULOSIS	2	9	6	328	352
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

MENINGITIS	1
PNEUMONIA	3

	1965	1964
DEATHS RECORDED FOR THE WEEK	159	196
BIRTHS RECORDED FOR THE WEEK	396	518

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — OCTOBER 11, 1965

THE CONTROL OF VENEREAL DISEASE

As can be seen by the current figures on communicable diseases, neither the syphilis nor the gonorrhea problem is diminishing. A study conducted jointly by the American Medical Association and the American Social Health Association indicated that private practitioners treat 75% of the syphilis and gonorrhea which occur, although in perhaps only 25% of these cases is any casefinding performed. ("Casefinding" involves locating contacts of those infected and providing for their examination and treatment, if indicated, to prevent the development of the disease or to prevent complication in those already infected.) If, instead of the 25%, casefinding were performed in 100% of the cases, syphilis--the most serious venereal disease--would soon be eliminated as a health problem.

Public health officials have long known that the key to control of venereal disease is in the hands of private physicians. Now, under the leadership of American Medical Association acting upon the resolution adopted at their 1964 convention in San Francisco, a national anti-VD education program is being launched.

Today we have the tools to bring about the practical eradication of syphilis. We have medications which are effective, and inexpensive; we have the medical facilities, both private and public, required to wage an all out compaign against this terrible disease. Syphilis lends itself to control through casefinding as no other disease does, but to a large extent the burden of control is on the shoulders of private medicine. One of our stereotypes is the syphilis patient as one who is medically indigent. The facts are that syphilis strikes across social, economic, racial, and educational lines, and as the survey demonstrated, most victims are treated in the offices of private physicians. Another critical factor is that no case of syphilis occurs in isolation.

Wiping out syphilis is a medical, and an educational job. It is a job for all of medicine, both the private and public sectors, civic organizations, schools, the general population, for everyone in fact who is interested in a better, healthier city. With everyone working toward the same goal, it is possible medically to virtually eliminate syphilis from San Francisco in a relatively short time.

STATISTICAL REPORT FOR THE 40th WEEK ENDING OCTOBER 8, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964	CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	0	10	2	423	1035	PERTUSSIS	0	1	0	10	18
DIPHTHERIA	0	0	0	0	0	POLIOMYELITIS	0	0	0	0	0
GONORRHEA	136	99	50	4535	3502	RHEUMATIC FEVER	0	1	0	6	2
HEPATITIS, INF.	6	7	1	130	109	SALMONELLOSIS	1	3	1	72	74
INFLUENZA	0	2	0	7	51	SHIGELLOSIS	0	2	0	71	44
MEASLES	0	7	0	546	1380	STREP. INFECTION	2	3	0	232	135
MENINGOCOCCAL INF.	0	1	0	18	17	SYPHILIS	17	26	12	735	720
MENINGITIS, OTHER	1	4	1	20	16	TUBERCULOSIS	7	16	8	335	363
MUMPS	8	11	1	590	890	TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

			1965	1964
PNEUMONIA	4	DEATHS RECORDED FOR THE WEEK	222	190
TUBERCULOSIS	1	BIRTHS RECORDED FOR THE WEEK	332	321

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

OCTOBER 18, 1965

OCT 18 1965

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SMOKING AND HEALTH

The habit of cigarette smoking and how it effects human health has been getting increased attention in recent years. Scientific investigations are producing mounting evidence indicating that the incidence of various diseases are caused by, or related to, smoking, particularly cigarette smoking. The first significant scientific reports were related to lung cancer, but subsequent studies show that the adverse effects of smoking on health include the development of cancer at other body sites, diseases of the heart and circulatory system and chronic lung diseases, especially bronchitis and emphysema.

When the Advisory Committee to the U.S. Surgeon General released its report in January, 1964, it concluded: "Cigarette smoking is a health hazard of sufficient importance in the United States to warrant appropriate remedial action". Information about this report was disseminated widely and there was new or renewed concern about smoking and one's personal health. Many cigarette smokers stopped smoking, cut down or switched to pipes or cigars; but this broad change in human behavior was shortlived. In a few months the reduced cigarette consumption was back up to what it had been and today it is higher than ever. The point is, even when people recognize the health hazard in the habit, it is difficult to permanently stop cigarette smoking or even to reduce the number smoked. While studies will be going on to devise effective methods, it does appear that at present, efforts to help people stop smoking have not been very successful. Smoking patterns reveal that those who smoke usually started when quite young. It seems logical, then, that the best approach to the problem is to educate the school age child regarding the dangers of cigarettes, before he has acquired the habit.

In California, there is a law requiring the teaching in the schools of the health hazards of smoking and local school districts have been urged to intensify the instructional program. The schools in San Francisco have been doing this, planning programs to reach students in both elementary and secondary schools. To help further this effort, the San Francisco Interagency Committee On Smoking and Health, in cooperation with the San Francisco Unified School District and the Archdiocese of San Francisco Department of Education, have organized a Teachers' Conference On Smoking and Health, bringing in outside experts to speak. This conference will be at the San Francisco Medical Society Auditorium, 250 Masonic Avenue, on Tuesday, October 26, 3:30 to 5:30 P.M.

STATISTICAL REPORT FOR THE 41st WEEK ENDING OCTOBER 15, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	0	15	0	423	1035
DIPHTHERIA	0	0	0	0	0
GONORRHEA	142	107	37	4677	3609
HEPATITIS, INF.	1	4	1	130	111
INFLUENZA	0	3	0	7	54
MEASLES	0	8	0	546	1380
MENINGOCOCCAL INF.	0	1	0	18	17
MENINGITIS, OTHER	0	1	0	20	16
MUMPS	4	23	4	594	897

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	0	1	0	10	18
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	6	2
SALMONELLOSIS	2	5	0	74	79
SHIGELLOSIS	0	7	0	71	49
STREP. INFECTION	3	5	1	235	136
SYPHILIS	19	56	14	754	740
TUBERCULOSIS	6	11	2	341	372
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	4
SYPHILIS	1

	1965	1964
DEATHS RECORDED FOR THE WEEK	177	181
BIRTHS RECORDED FOR THE WEEK	320	456

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — OCTOBER 25, 1965

OCT 26 1965 SAN FRANCISCO

DEMONSTRATION PROJECT FOR MULTIPLE HANDICAPPED CHILDREN

A demonstration project in intensive casework services to families with multiple handicapped children between the ages of three years and 18 years was instituted by the Bureau of Maternal and Child Health of the San Francisco Department of Public Health in October, 1964. The project was begun because the child with multiple handicaps needs a multiplicity of services, and it has been found that many families are unable to utilize such services without help. Prior studies have shown that families approach the problem of the handicapped child in the same ways that they deal with other problems in living, and parents handle their children and their children's difficulties in large degree as they do their personal and marital problems. It was theorized, therefore, that only a total approach to the family could be effective.

While no parent takes in stride the birth of a handicapped child, the selection of this age group was based on the premise that for many families, having a severely and multiple handicapped youngster sets up a situation of chronic stress within the family, which becomes intensified as the child approaches school age and beyond. These parents tend to "shop around" for "cures", which may result in something less than the best plan for the child and his family.

As the project reaches the end of its first year, a current evaluation of the children involved has revealed improved social functioning and greater use of innate physical and mental capacity. About half of these children apparently are functioning now at their optimal level. Over 80% of the parents note improvement in their ability to handle the problems presented by the handicapped child and report a feeling of greater well-being in the family as a whole.

A weekly evening parent discussion group has provided opportunity for some of these parents to share their feelings and experiences with others facing similar problems and to feel less isolated and "different". Because of the evening activity, it has been possible for employed fathers to participate.

In addition to its counselling function, the project has served to coordinate medical, paramedical and other agency resources in the community on behalf of the individual family where needed. The result of this has been more effective use of medical facilities, such as physical and occupational therapy.

STATISTICAL REPORT FOR THE 42nd WEEK ENDING OCTOBER 22, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964	CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	0	7	4	423	1042	PERTUSSIS	1	3	0	11	18
DIPHTHERIA	0	0	0	0	0	POLIOMYELITIS	0	0	0	0	0
GONORRHEA	125	110	64	4802	3719	RHEUMATIC FEVER	0	0	0	6	2
HEPATITIS, INF.	17	7	0	147	115	SALMONELLOSIS	4	19	1	78	81
INFLUENZA	0	1	0	7	54	SHIGELLOSIS	1	13	0	72	50
MEASLES	0	15	0	546	1383	STREP. INFECTION	6	6	1	241	139
MENINGOCOCCAL INF.	0	2	0	18	19	SYPHILIS	30	32	11	783	754
MENINGITIS, OTHER	2	2	0	22	16	TUBERCULOSIS	13	9	3	354	381
MUMPS	13	16	3	607	900	TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
PNEUMONIA	7
SARCOIDOSIS	1
TUBERCULOSIS	2

	1965	1964
DEATHS RECORDED FOR THE WEEK	216	166
BIRTHS RECORDED FOR THE WEEK	395	317

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — NOVEMBER 1, 1965.

SAFE HUNTING

The death rate from firearm accidents in the United States ranks among the highest in the world. While some progress is being made in reducing this rate, the annual nationwide loss of lives is still needlessly high.

The three month period from October through December accounts for almost 40% of the year's fatal hunting accidents, the greatest toll being in November, when hunting is at its peak. Tragically, the highest death rate is among the youth of our nation, teenage boys. Most of these accidents are caused by carelessness or ignorance and could be prevented by safety instructions and commonsense caution.

Handling firearms, like swimming, driving a car, or boating, requires instruction and the constant observance of safe practices and procedures. Following are some essentials of safe hunting and gun handling. Faithful adherence to these may save your life and keep you from taking another's.

1. Treat every gun as if it were loaded.
2. Always point the muzzle in a safe direction.
3. Keep your finger out of the trigger guard until ready to fire.
4. Keep the safety catch on until ready to shoot.
5. Never point a gun at anything you do not want to shoot.
6. Never shoot a bullet at a flat, hard surface or water.
7. Store unloaded guns and ammunition separately, beyond the reach of children.
8. Be sure of your target before pulling the trigger.
9. Wear practical, easily seen clothing.
10. Know and observe the game laws.

STATISTICAL REPORT FOR THE 43rd WEEK ENDING OCTOBER 29, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	2	32	1	425	1074
DIPHTHERIA	0	0	0	0	0
GONORRHEA	147	94	49	4949	3813
HEPATITIS, INF.	9	6	2	155	121
INFLUENZA	0	2	0	7	54
MEASLES	4	7	1	550	1386
MENINGOCOCCAL INF.	1	1	0	19	20
MENINGITIS, OTHER	0	3	0	22	18
MUMPS	16	24	3	623	903

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	0	2	0	11	18
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	6	2
SALMONELLOSIS	0	6	0	78	82
SHIGELLOSIS	1	3	0	73	50
STREP. INFECTION	8	5	0	249	143
SYPHILIS	23	36	25	805	779
TUBERCULOSIS	22	13	5	376	392
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	2
TUBERCULOSIS	1

	1965	1964
DEATHS RECORDED FOR THE WEEK	191	219
BIRTHS RECORDED FOR THE WEEK	387	451

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

NOVEMBER 8, 1965

NOV 8 1965

SAN FRANCISCO

VENEREAL DISEASE EXAMINATIONS AT THE CITY PRISON

Certain sections of the State Health and Safety Code with its pertinent regulations dealing with the prevention and control of communicable diseases make it mandatory for the Director of Health to take all steps reasonably needed to prevent the transmission of infection, including venereal diseases, within his jurisdiction. More specifically in reference to the venereal diseases, Section 73 of San Francisco's Health Code provides for appropriate examinations of those arrested on a morals offense, still offering full consideration of the individual and his legal rights.

Each morning except Sunday, a physician and nurse, both employed by the San Francisco Department of Public Health, medically deal with up to 20 or more such persons, mostly those arrested on a prostitution charge who have been placed in quarantine as provided in the above legal references. A limited physical examination directed toward the detection of venereal diseases is performed; blood is drawn to be tested for syphilis and bacteriological studies are initiated to determine the presence of gonorrhea. Prophylactic treatment with penicillin in large dosage or some other alternate antibiotic is then given, which will make a person noncommunicable within a few hours even though it is not until some days later that a diagnosis of possible infectious disease is made. The physician then signs a release from quarantine order, which will take effect several hours later on the same day. Where test results indicate the need, patients are so informed and appropriately followed by their own physician or at the City's Venereal Disease Clinic.

This sequence is a justifiable and reasonable exercise of State and local law if one considers that among prostitutes venereal diseases can occur in epidemic proportions. For the first nine months of 1965, more than one in five people so arrested and examined in San Francisco were found to be infected with at least one of the venereal diseases. It is important to stress that individual case records of people examined at the City Prison have the same inviolate guarantees of confidentiality as all other Health Department venereal disease records.

STATISTICAL REPORT FOR THE 44th WEEK ENDING NOVEMBER 5, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	4	11	1	429	1085
DIPHTHERIA	0	0	0	0	0
GONORRHEA	134	99	48	5083	3912
HEPATITIS, INF.	3	4	0	157	122
INFLUENZA	0	2	0	7	56
MEASLES	1	23	1	551	1387
MENINGOCOCCAL INF.	0	2	0	19	22
MENINGITIS, OTHER	0	5	0	22	23
MUMPS	3	19	4	626	907
PERTUSSIS	0	2	0	11	18
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	1	0	6	2
SALMONELLOSIS	4	19	1	82	84
SHIGELLOSIS	0	8	0	73	54
STREP. INFECTION	4	9	1	253	147
SYPHILIS	22	26	14	828	803
TUBERCULOSIS	7	17	5	383	397
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	1
TUBERCULOSIS	2

	1965	1964
DEATHS RECORDED FOR THE WEEK	196	183
BIRTHS RECORDED FOR THE WEEK	344	413

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

NOVEMBER 15, 1965

NOV 15 1965

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DIABETES WEEK, NOVEMBER 14 TO 20

Diabetes is listed seventh on the roster of deaths caused by chronic disease. Vital statistics records indicate that over 5 million Americans living now will develop diabetes during their lifetimes; that 72,000 people become diabetic during each year in the United States, and that an average of 100 San Franciscans die of diabetes each year. There are approximately 1,400,000 diabetics who are unaware of their condition, in our country today.

Diabetes is characterized by the body's inability to make proper use of glucose, an important end product of food metabolism. While diabetes is frequently identified as being hereditary, it is often discovered in those with no previous family history of the condition. Although no signs and symptoms need be present, diabetes is usually associated with such things as: increased drinking and eating, frequent urination, thirst, itching, easy tiring, pains in the fingers and toes, changes in vision, and slow healing of cuts and bruises.

Persons may reduce their chances of acquiring the disease by avoiding overweight. To prevent complications, early detection of diabetes is most important through periodic health examinations with blood-sugar and urine tests, and being knowledgeable about the early signs and symptoms of the disease. Once diagnosed, the disease can be controlled by medication (i.e., insulin) and/or diet, and exercise. Lack of care can result in heart disease, failing eyesight, hardening of the arteries, kidney disorders, gangrene, etc.

The San Francisco Diabetes Association is sponsoring a series of educational lectures for those with the disease and family members, in conjunction with the San Francisco Medical Society and the Golden Gate Chapter of the American Red Cross. There is no fee for registrants of this series, entitled "Learning About Diabetes." Applications for pre-registration may be obtained from the San Francisco Diabetes Association.

STATISTICAL REPORT FOR THE 45th WEEK ENDING NOVEMBER 12, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	1	17	0	430	1090
DIPHTHERIA	0	0	0	0	0
GONORRHEA	127	106	44	5210	4018
HEPATITIS, INF.	5	12	1	162	127
INFLUENZA	0	1	0	7	57
MEASLES	2	12	3	553	1390
MENINGOCOCCAL INF.	0	1	0	19	22
MENINGITIS, OTHER	0	1	0	22	24
MUMPS	4	38	6	630	922

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	0	1	0	11	18
POLIOMYELITIS	0	2	0	0	0
RHEUMATIC FEVER	0	0	0	6	2
SALMONELLOSIS	2	5	1	84	85
SHIGELLOSIS	0	3	0	73	57
STREP. INFECTION	4	12	3	257	150
SYPHILIS	19	40	11	847	823
TUBERCULOSIS	10	12	9	393	408
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 3

	1965	1964
DEATHS RECORDED FOR THE WEEK	173	156
BIRTHS RECORDED FOR THE WEEK	325	350

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

NOVEMBER 22, 1965

NOV 22 1965

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PRENATAL CARE

Prenatal care is the health supervision the expectant mother receives from her physician during the 40 weeks between conception and the birth of her child. When a physician has confirmed that a woman is pregnant, he will continue to see her on a regular basis throughout her pregnancy. The frequency of these visits is determined by the needs of the individual woman and will increase as the pregnancy progresses. During the prenatal period, the physician carefully watches the total health of the mother. This includes a diet tailored to the individual patient's needs, supplemental vitamines and calcium as indicated, advice on exercise, proper rest, work habits, emotional health and the evaluation of blood pressure and urinalysis.

The prenatal classes conducted by the Health Department supplement the care given by the physician. In these classes the importance of understanding and following the doctor's advice is stressed. Instruction is given regarding the development of the baby and special needs of the mother. Films and demonstrations are used to illustrate childbirth, infant care, formula preparation and baby bathing. The classes are conducted in an informal atmosphere with free discussion and questions about the care of the mother and baby. The purpose of these classes is to have an informed, cooperative mother who will go to the hospital prepared instead of fearful.

Information regarding these classes may be obtained by phoning the following District Health Center:

Sunset Health Center
1990 41st Avenue
Phone:- KL 8-3246

STATISTICAL REPORT FOR THE 46th WEEK ENDING NOVEMBER 19, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	9	20	3	439	1097
DIPHTHERIA	0	0	0	0	0
GONORRHEA	131	92	75	5341	4102
HEPATITIS, INF.	1	21	2	163	132
INFLUENZA	0	2	0	7	58
MEASLES	3	37	0	556	1390
MENINGOCOCCAL INF.	0	1	0	19	23
MENINGITIS, OTHER	2	2	0	24	24
MUMPS	3	39	6	633	928

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	3	1	0	14	18
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	6	2
SALMONELLOSIS	3	6	0	87	86
SHIGELLOSIS	0	5	0	73	62
STREP. INFECTION	0	8	1	257	158
SYPHILIS	17	28	18	864	843
TUBERCULOSIS	11	12	6	403	420
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	5
SYPHILIS	1

	1965	1964
DEATHS RECORDED FOR THE WEEK	199	153
BIRTHS RECORDED FOR THE WEEK	364	337

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

NOV 30 1965

NOVEMBER 29, 1965

REFRIGERATOR ENTRAPMENT AND YOUNG CHILDREN

Discarded refrigerators, home freezers, and ice-boxes appeal to young children as attractive places in which they can play. They are shaped like a box with a cover. Children like to hide in such places. They come in handy especially for "hide and seek" games. Sometimes they can be used as "jails" in which a playmate can be imprisoned. Or they can be used to scare another child by pushing him into the refrigerator and refusing to let him come out.

There is a sufficient air supply in these containers to keep a young child alive for only 10 to 15 minutes. If the refrigerator door can be released from the inside, the child can come out. But this is not always the case. More frequently, especially with the older type of refrigerator, the door must be released from the outside. And if no one is available to do this, the child dies from suffocation. Any time a young child is missing, a first place to look is in any discarded refrigerator, home freezer or other type of airless enclosure in the immediate vicinity of the home. Vacant houses, apartments and lots should be suspected immediately.

To protect children from refrigerator entrapment, a parent should:

A. "Child-proof" any refrigerator or similar enclosure before discarding it, by removing door or fastening door in such a way that it cannot be opened by a child.

B. Teach the child:

a) That refrigerators, home freezers and ice boxes are not playthings and why.

b) To tell his parents of any discarded refrigerators or ice-boxes he sees in the neighborhood.

c) That it is very wrong, dangerous and forbidden to put another child in such an enclosure even in play or "make believe."

d) If he sees a child being pushed into a refrigerator, he should help him out immediately if he can, but to waste no time in reporting the predicament to an adult if he cannot.

C. Report to the Health Department any stores or shops displaying refrigerators with doors on any sidewalk areas unattended by their employees.

STATISTICAL REPORT FOR THE 47th WEEK ENDING NOVEMBER 26, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	3	16	4	442	1102
DIPHTHERIA	0	0	0	0	0
GONORRHEA	130	87	39	5471	4189
HEPATITIS, INF.	1	7	1	163	137
INFLUENZA	0	3	0	7	58
MEASLES	1	26	3	557	1394
MENINGOCOCCAL INF.	0	1	0	19	23
MENINGITIS, OTHER	2	1	0	26	24
MUMPS	10	19	3	643	934

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	0	0	0	14	18
POLIOMYELITIS	0	1	0	0	0
RHEUMATIC FEVER	0	1	0	6	2
SALMONELLOSIS	6	10	0	93	91
SHIGELLOSIS	0	2	0	73	64
STREP. INFECTION	8	9	2	265	167
SYPHILIS	21	34	14	885	863
TUBERCULOSIS	11	17	3	414	426
TYPHOID FEVER	1	1	0	1	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	6

	1965	1964
DEATHS RECORDED FOR THE WEEK	190	251
BIRTHS RECORDED FOR THE WEEK	294	399

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR DECEMBER 6, 1965

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EMPHYSEMA

Emphysema is a chronic, pulmonary condition which progressively lessens a person's ability to breathe effectively. It may go undetected for years, but as it progresses, breathing becomes more and more difficult. More than 10,000 Americans die of this disease every year. It has increased almost ninefold in the past twenty years. In 1962 it claimed twice as many lives as it had five years previously. Today it is regarded as a contributing cause of death in twice as many people as it kills, and among workers for whom benefits were allowed by the Social Security disability program, emphysema was the second most common cause of disability.

While much remains to be learned about the disease, the prevailing opinion is that, as with other chronic degenerative diseases, many factors combine to produce this obstructive condition. It is primarily a disease of middle aged and older persons, and is more common in men than in women. It occurs equally in those with a long athletic background and those leading a more sedentary life. Chronic bronchial irritation appears to be an important factor in its development, and authorities give varying weight to such factors as air pollution, smoking, allergy and infection.

Since this disease may be detected before serious symptoms develop, it is important that persons with unexplained bronchitis, wheezing or shortness of breath seek medical advice. The current publicity on cough and shortness of breath has this in mind, because these are the most common early symptoms. It is estimated that probably 90% of emphysema patients can be diagnosed by a history, physical examination and chest x-rays. Much can be done by medical treatment directed to removing factors likely to worsen this condition, e.g., controlling infection, avoiding smoking, adequate diet, exercise and breathing instructions.

STATISTICAL REPORT FOR THE 48th WEEK ENDING DECEMBER 3, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	4	16	2	446	1111
DIPHTHERIA	0	0	0	0	0
GONORRHEA	155	109	53	5626	4298
HEPATITIS, INF.	5	7	1	168	138
INFLUENZA	0	1	0	7	58
MEASLES	7	40	1	564	1395
MENINGOCOCCAL INF.	0	2	0	19	23
MENINGITIS, OTHER	2	1	0	28	24
MUMPS	13	32	4	656	949

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	1	1	0	15	18
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	6	2
SALMONELLOSIS	3	6	0	96	91
SHIGELLOSIS	2	2	1	75	66
STREP. INFECTION	1	14	3	266	181
SYPHILIS	13	26	13	898	882
TUBERCULOSIS	6	14	4	420	437
TYPHOID FEVER	0	0	0	1	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMOCOCCAL MENINGITIS	1
PNEUMONIA	7
TUBERCULOSIS	4

	1965	1964
DEATHS RECORDED FOR THE WEEK	204	171
BIRTHS RECORDED FOR THE WEEK	346	305

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

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AMBLYOPIA - LAZY EYE BLINDNESS

Lazy eye blindness or amblyopia is a visual defect which commences in childhood but is not uncommonly found in adults. The problem arises from a failure in learning to see. At birth, the infant starts learning to use both eyes together. Gradually, the images from both eyes overlap in his brain and when he has mastered this fusion of two images, he has fully developed vision. In a child with both eyes in normal condition, this process of training is usually mastered by age two.

If one is in any way weakened or impaired, the development of normal fusion does not take place. When the child attempts to fuse the image which comes through his good eye with the blurred one that comes through the weakened eye, he finds that he is having visual troubles. When he suppresses the image of his weak eye and uses only the good one, the image that comes through is much better. Consequently, he stops using the weakened eye and it fails to develop. The result is amblyopia. Having had no experience with full vision the child is not aware that he has a visual problem. There is nothing about the appearance of the child's eyes to suggest that they are not functioning properly; however certain kinds of behavior may be indicative.

If a child rubs his eyes excessively, shuts or covers one eye, tilts his head or thrusts it forward when he looks at something, frowns or blinks frequently, stumbles over small objects, or has difficulty playing games which require distance vision, the child should be examined by an eye physician immediately. If the examination reveals that the child does have amblyopia, the first step in treatment is to correct the basic defect in the weakened eye. Once that correction has been accomplished, the underdeveloped eye must be used fully so that it can catch up with its stronger partner. It may take time to strengthen the weak eye, but if treatment is started while the child is three or four years old, its chances of success are extremely good. Amblyopia does not get worse with the years, but neither does a child "outgrow it" without treatment. The child can be spared the limitations of partial blindness if his parents have the problem diagnosed and treated early.

STATISTICAL REPORT FOR THE 49th WEEK ENDING DECEMBER 10, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	18	58	2	464	1133
DIPHTHERIA	0	0	0	0	0
GONORRHEA	112	94	50	5738	4392
HEPATITIS, INF.	5	6	2	174	142
INFLUENZA	0	1	0	7	58
MEASLES	0	44	6	564	1403
MENINGOCOCCAL INF.	0	3	0	19	24
MENINGITIS, OTHER	2	0	0	30	24
MUMPS	6	23	10	662	959

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	0	1	0	15	18
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	1	0	6	2
SALMONELLOSIS	0	6	0	96	97
SHIGELLOSIS	0	2	0	75	68
STREP. INFECTION	4	10	4	270	191
SYPHILIS	19	26	12	916	902
TUBERCULOSIS	18	14	7	437	444
TYPHOID FEVER	0	0	0	1	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	3
SYPHILIS	1
TUBERCULOSIS	2

	1965	1964
DEATHS RECORDED FOR THE WEEK	220	212
BIRTHS RECORDED FOR THE WEEK	318	371

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — DECEMBER 20, 1965

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OUR

HEARTIEST

WISHES TO ALL

OUR FRIENDS FOR

A MERRY CHRISTMAS

AND A YEAR OF GOOD

HEALTH AND HAPPINESS

X

X

The Staff Of The

San Francisco Department Of

Public Health

STATISTICAL REPORT FOR THE 50TH WEEK ENDING DECEMBER 17, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	7	39	2	471	1135
DIPHTHERIA	0	0	0	0	0
GONORRHEA	143	139	47	5881	4518
HEPATITIS, INF.	2	5	1	175	143
INFLUENZA	0	2	0	7	60
MEASLES	0	39	2	564	1442
MENINGOCOCCAL INF.	0	1	0	19	24
MENINGITIS, OTHER	2	3	0	32	25
MUMPS	7	41	8	669	978

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	3	1	0	18	19
POLIOMYELITIS	0	1	0	0	0
RHEUMATIC FEVER	0	0	0	5	2
SALMONELLOSIS	0	4	1	96	98
SHIGELLOSIS	3	4	0	78	72
STREP. INFECTION	9	13	0	279	204
SYPHILIS	16	26	20	931	922
TUBERCULOSIS	18	26	6	455	470
TYPHOID FEVER	0	1	0	1	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	4
TUBERCULOSIS	1

	1965	1964
DEATHS RECORDED FOR THE WEEK	174	187
BIRTHS RECORDED FOR THE WEEK	355	330

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

DECEMBER 27, 1965

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CARBON MONOXIDE POISONING

Wintery cold weather frequently means that the home furnace is kept on for longer periods and the doors and windows are kept closed. This simple and familiar situation can also mean carbon monoxide poisoning. Carbon monoxide fumes may result from anything that burns. When they are properly carried away by chimneys and other means of exhaust, there is little danger. But when these fumes accumulate in a closed room or automobile, the results may be fatal to the occupants. Unknown to the victim, each breath he takes pulls carbon monoxide aswell as oxygen into his lungs, blood, brain and body tissues. In small doses it will cause headache, drowsiness and confusion; in large doses it results in unconsciousness and death. The symptoms come on so gradually and insidiously that they are not noticed until the victim is too overcome to help himself.

The presence of carbon monoxide in the home is usually due to leakage fron one of the following sources: improperly adjusted gas burners; gas pipes; illegal rubber hose connections for gas fixtures such as small space heaters; room or water heaters without proper exhaust outlets; inadequately vented furnaces; an automobile left running in a closed garage. Even a slight leakage from any of these sources can poison people in the home.

It takes a combination of two causes to bring about carbon monoxide poisoning, viz., 1) Improper burning of fuel; 2) Insufficient ventilation. When one of these causes occurs without the other, the effects may not be serious. But when both occur at the same time, death can result, sometimes very quickly. The following simple precautions will prevent most of the dangers:

1) Make sure that all furnaces, stoves and heaters are properly vented to the outside.
2) Use only rigid metal piping for heaters, dryers and other gas burning equipment.
3) Have all fuel-burning equipment checked annually for proper adjustment and repair.
4) Provide a source of ventilation whenever a furnace, heater or gas appliance is in use.
5) If a gas appliance is not working properly, shut it off immediately, and call in a gas appliance expert.
6) Never use the oven of a stove to heat a room; and never leave a space heater on if you are drowsy.

STATISTICAL REPORT FOR THE 51st WEEK ENDING DECEMBER 24, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	10	35	4	481	1141
DIPHTHERIA	0	0	0	0	0
GONORRHEA	138	86	44	6019	4602
HEPATITIS, INF.	1	4	1	176	144
INFLUENZA	0	0	0	7	60
MEASLES	6	27	1	570	1445
MENINGOCOCCAL INF.	1	2	0	20	26
MENINGITIS, OTHER	1	1	0	33	25
MUMPS	2	8	4	671	986

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	0	1	0	18	19
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	1	0	6	2
SALMONELLOSIS	1	6	0	97	100
SHIGELLOSIS	1	2	0	79	74
STREP. INFECTION	5	14	1	284	214
SYPHILIS	21	23	14	952	945
TUBERCULOSIS	5	10	4	460	480
TYPHOID FEVER	0	0	0	1	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
PNEUMONIA	3
TUBERCULOSIS	1

	1965	1964
DEATHS RECORDED FOR THE WEEK	224	193
BIRTHS RECORDED FOR THE WEEK	289	351

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JANUARY 3, 1966

GREETINGS AND BEST WISHES FOR 1966

The people of San Francisco can look back on 1965 as a year in which their health appeared to be fairly well stabilized.

The overwhelming vote in favor of the bond issue for the construction of a new General Hospital to be operated by the City is interpreted by us as a vote of confidence in both the leadership and the rank and file of the 3300 employees of the Department of Public Health and the hundreds of volunteers, both professional and non-professional, who are associated with us in meeting the public health problems of the City and County of San Francisco.

The extensive interest of the Board of Supervisors and its committees, by the Mayor in his evaluation of our services, by the Chief Administrative Officer, whose interest and stimulation have enabled us to advance, and by our employees, who in many instances have given far beyond what is required of them, have enabled us to keep pace with problems as they arise. The Health Advisory Board and the Mental Health Advisory Board have been sources of guidance and encouragement to us.

The collaborative relationship that we have with the San Francisco Medical Society and other groups concerned with the provision of health services has been substantial, and with the development of Medicare and other related improvements in the provision of medical services, our tasks next year and in the years following will be even greater.

To the many hundreds of volunteers who have contributed their efforts in our public health programs we extend our thanks and appreciation. 1966 should be another great year for all of us, and the 3300 employees of the Department extend to our 750,000 "bosses" our best wishes for the coming year.

STATISTICAL REPORT FOR THE 52nd WEEK ENDING DECEMBER 31, 1965

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
CHICKENPOX	3	30	3	484	1148
DIPHTHERIA	0	0	0	0	0
GONORRHEA	167	112	60	6185	4825
HEPATITIS, INF.	5	3	0	181	150
INFLUENZA	0	3	0	7	61
MEASLES	0	29	3	570	1452
MENINGOCOCCAL INF.	0	2	0	20	28
MENINGITIS, OTHER	0	2	0	33	27
MUMPS	6	12	2	677	998

CASES REPORTED:	FOR THE WEEK	1960-64 RANGE HIGH	1960-64 RANGE LOW	TO DATE 1965	TO DATE 1964
PERTUSSIS	0	2	0	18	19
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	6	2
SALMONELLOSIS	2	3	1	99	104
SHIGELLOSIS	2	4	1	81	76
STREP. INFECTION	2	3	2	286	[illegible]
SYPHILIS	22	20	15	970	[illegible]
TUBERCULOSIS	27	16	4	487	[illegible]
TYPHOID FEVER	0	0	0	1	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	6
TUBERCULOSIS	3

	1965	1964
DEATHS RECORDED FOR THE WEEK	213	146
BIRTHS RECORDED FOR THE WEEK	393	255

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JANUARY 10, 1966

1965 PROVISIONAL ESTIMATES OF RECORDED BIRTHS AND DEATHS IN SAN FRANCISCO

DOCUMENTS
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	BY OCCURRENCE IN SAN FRANCISCO	
	1965 PROVISIONAL	1964 FINAL
LIVE BIRTHS	18,500	19,229
DEATHS	10,100	9,905
DEATHS UNDER 1 YEAR	390	395
NEONATAL DEATHS (UNDER 1 MONTH)	310	291
MATERNAL DEATHS	7	5
FETAL DEATHS	235	242
SOME IMPORTANT CAUSES BY OCCURRENCE		
HEART DISEASE	3,490	3,477
CANCER	2,250	2,095
VASCULAR LESIONS OF C.N.S.	880	848
CIRRHOSIS OF THE LIVER	560	504
ACCIDENTS	410	465
DISEASES OF EARLY INFANCY	235	243
INFLUENZA AND PNEUMONIA	215	268
SUICIDE	210	236
EMPHYSEMA	150	170
CONGENITAL MALFORMATIONS	145	136
ARTERIOSCLEROSIS	145	126
DIABETES	130	113
AORTIC ANEURYSMS	110	122
ULCERS OF STOMACH AND DUODENUM	80	99
HOMICIDE	60	42
TUBERCULOSIS	45	53

The table shows the preliminary estimates of births and deaths and some important causes of death as they occurred in San Francisco in 1965 as compared with final figures for 1964. Although births declined, the number of deaths under one year of age was about the same as in 1964 - with an increase in neonatal deaths and a decrease in ages 1 to 11 months. Again as in past years, the first five diseases account for three-fourths of the deaths. Certain diseases of early infancy, though a little fewer in number than in 1964, were sixth in ranking. Suicides was eighth in ranking as in the previous year, but the number and percent of non-resident suicides decreased by about two-fifths through November.

STATISTICAL REPORT FOR THE 1st WEEK ENDING JANUARY 7, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	3	25	4	3	12
DIPHTHERIA	0	0	0	0	0
GONORRHEA	120	79	53	120	79
HEPATITIS, INF.	1	6	0	1	2
INFLUENZA	0	0	0	0	0
MEASLES	0	64	5	0	5
MENINGOCOCCAL INF.	3	1	0	3	0
MENINGITIS, OTHER	1	1	0	1	1
MUMPS	4	17	6	4	17

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	0	1	0	0	0
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	0	0
SALMONELLOSIS	3	3	0	3	3
SHIGELLOSIS	2	3	0	2	2
STREP. INFECTION	3	9	3	3	9
SYPHILIS	25	21	11	25	16
TUBERCULOSIS	13	9	2	13	7
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
PNEUMONIA	5
SEPTICEMIA	1
TUBERCULOSIS	1

	1966	1965
DEATHS RECORDED FOR THE WEEK	186	201
BIRTHS RECORDED FOR THE WEEK	228	397

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JANUARY 17, 1966

JAN 17 1966

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TUBERCULOSIS

Modern scientific methods for the detection and treatment of tuberculosis have reduced the fears of this disease, once called "The Great White Plague", yet San Francisco continues to experience its presence as a major public health problem.

In 1964, 502 new active cases were reported and 60 deaths were attributed to this disease. While these rates are high for most cities of this size, they are not unexpected considering that San Francisco is a major metropolitan seaport city. It is attractive to immigrants from all over the world, especially those immigrant ethnic groups in whom tuberculosis is most prevalent. These people tend to crowd in areas of the city where they have common racial and cultural characteristics, and since they have been either exposed or are susceptible to tuberculosis, they present continuing problems in the control of this disease. Special chest clinics are maintained in these areas by the Health Department to assist in these problems.

Tuberculosis is insidious in its onset and may present few or no symptoms. Night sweats, loss of weight, and hacking cough are early symptoms, and seldom seem important enough to be called to the doctor's attention. More serious symptoms develop as the disease progresses, and at this stage a physician is consulted. The diagnosis is made by a physical examination, tuberculin test, chest X-ray and sputum examination. All active cases of tuberculosis are required to be reported to the health authorities. This initiates a study of household and environmental contacts, since the disease is highly communicable. Multiple chest X-ray survey units are maintained throughout the city, and an on-going tuberculin testing program in the city's schools aids in early detection.

Treatment is best initiated in a hospital where special chemotherapeutic agents may be employed until the disease becomes non-communicable. Prolonged outpatient treatment thereafter and observation insures against relapse.

STATISTICAL REPORT FOR THE 2nd WEEK ENDING JANUARY 14, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	40	46	10	43	22
DIPHTHERIA	0	0	0	0	0
GONORRHEA	135	77	50	255	156
HEPATITIS, INF.	5	5	0	6	4
INFLUENZA	0	3	0	0	1
MEASLES	10	77	4	10	10
MENINGOCOCCAL INF.	0	1	0	3	0
MENINGITIS, OTHER	2	1	0	3	1
MUMPS	32	44	1	36	26

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	1	1	0	1	0
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	0	0
SALMONELLOSIS	0	6	0	3	9
SHIGELLOSIS	1	5	0	3	7
STREP. INFECTION	10	9	2	13	15
SYPHILIS	14	14	6	39	22
TUBERCULOSIS	10	12	2	23	9
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

INFECTIOUS HEPATITIS	1
MENINGOCOCCEMIA	1
MENINGITIS, PNEUMOCOCCAL	2
MENINGITIS, NON-EPIDEMIC	1
PNEUMONIA	6
POLIOMYELITIS, LATE EFFECTS	1

	1966	1965
DEATHS RECORDED FOR THE WEEK	207	209
BIRTHS RECORDED FOR THE WEEK	365	460

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JANUARY 24, 1966

JAN 24 1966

THE COMMON COLD

Colds are the most common of all illnesses in this country. It is estimated that the majority of people average two or three a year. We know that the "common cold" is highly contagious. The person who has a cold transmits it to others on the first day or two after his symptoms appear. It is possible for a person to give his infection to others from four to six hours before he himself begins to cough or sneeze.

While chilling, exposure, or fatigue alone, do not bring on a cold, they can break down resistance and give the cold "germs" a chance to set up infection. The cold virus can exist in the nose and throat for some time without producing signs or symptoms. They just seem to wait until a favorable reduction in our resistance is caused by a sudden chilling, wetting of the skin or exhaustion. As soon as this lowered resistant condition occurs, the cold germ begins to multiply and our "cold" as a disease begins.

Every person should take measures to avoid colds. The most obvious precaution is avoiding close contacts with others who have colds. Since this is not always possible, it is wise for all of us to guard against excessive chilling, undue exposure and any other condition which would lower our resistance. One of the best defenses against the "common cold", and probably the best method for keeping up our resistance against it, is to obtain sufficient sleep and rest and maintain a balanced diet.

If a cold does take hold, the best treatment is still complete rest in bed during the acute stage. If a cold does not respond to treatment after a few days in bed, it is very highly recommended that a physician be called. When a cold virus sets up infection in the nose or throat, the infected areas become more vulnerable to other germs like those which cause influenza and pneumonia. These diseases demand the attention of a physician.

STATISTICAL REPORT FOR THE 3rd WEEK ENDING JANUARY 21, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	16	76	3	59	25
DIPHTHERIA	0	1	0	0	0
GONORRHEA	141	119	66	396	259
HEPATITIS, INF.	1	5	2	7	9
INFLUENZA	0	6	0	0	2
MEASLES	6	60	4	16	14
MENINGOCOCCAL INF.	1	1	0	4	0
MENINGITIS, OTHER	0	1	0	3	2
MUMPS	11	59	9	47	38

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	0	0	0	1	0
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	1	0	0	1
SALMONELLOSIS	2	4	2	5	13
SHIGELLOSIS	0	3	0	3	10
STREP. INFECTION	4	12	4	17	20
SYPHILIS	26	24	16	65	46
TUBERCULOSIS	11	12	3	33	12
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	2
MENINGITIS, OTHER	1
TUBERCULOSIS	5

	1966	1965
DEATHS RECORDED FOR THE WEEK	210	210
BIRTHS RECORDED FOR THE WEEK	293	450

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JANUARY 31, 1966

JAN 31 1966

SAN FRANCISCO EMERGENCY HOSPITALS
DISPOSITION OF CASES, 1964

EMERGENCY HOSPITAL	TOTAL	Discharged to Home	Transferred to S.F.Gen. Hospital	Transferred to Other Hospitals	Deceased
Central	17,477	14,336	1,668	1,361	112
Harbor	8,014	6,549	541	802	122
Mission	60,407	40,645	18,220	1,366	176
Alemany	15,199	13,649	384	1,101	65
Park	13,659	11,868	509	1,209	73
Ocean Beach	395	395	-	-	-
TOTAL	115,151	87,442	21,322	5,839	548

In San Francisco, the provision of emergency ambulance service and emergency medical and surgical care is a responsibility of the Department of Public Health. Our Emergency Hospital Service was begun in the year 1876 and has developed into one of the most complete and prominent emergency services in the United States. Each year over 100,000 cases are treated through six different hospitals. The disposition of these cases is shown in the above table. During 1964 a total of 115,151 persons were given emergency treatment and 67,920 of this number were surgical cases and 47,231 were medical cases. The emergency Hospitals do not attempt to supplant or substitute for private medical care but are essentially a liaison service between an accident or medical case and more permanent care. No x-ray or laboratory services are provided, except at San Francisco General Hospital. Treatment given is of an immediate emergency nature and is meant only to care for the patient until medical care from his own physician can be obtained. To this extent the emergency service supplements the private physician and protects the patient temporarily until he can see his own doctor or be seen at a clinic or other facility. At the same time, San Franciscans and their guests are assured of immediate care by one of the physicians in these hospitals at any hour of the day or night.

STATISTICAL REPORT FOR THE 4th WEEK ENDING JANUARY 28, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	30	26	12	89	50
DIPHTHERIA	0	0	0	0	0
GONORRHEA	151	111	53	547	370
HEPATITIS, INF.	6	5	0	13	10
INFLUENZA	0	2	0	0	2
MEASLES	11	86	13	27	29
MENINGOCOCCAL INF.	1	0	0	5	0
MENINGITIS, OTHER	0	3	0	3	3
MUMPS	22	28	8	69	47

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	1	1	0	2	0
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	1	0	0	1
SALMONELLOSIS	2	3	1	7	15
SHIGELLOSIS	0	3	0	3	13
STREP. INFECTION	8	8	1	25	26
SYPHILIS	15	29	16	80	70
TUBERCULOSIS	10	20	3	43	15
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

MENINGOCOCCEMIA	1
PNEUMONIA	2
TUBERCULOSIS	2

	1966	1965
DEATHS RECORDED FOR THE WEEK	206	219
BIRTHS RECORDED FOR THE WEEK	280	327

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR FEBRUARY 7, 1966

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SAN FRAN PUBLIC

FLUORIDATION - 1966

Fluoridation of public water supplies has proven to be the most economical and effective single public health measure for producing decay-resistant teeth. Adding a small amount of fluoride to the water, at a cost of about ten cents per person per year, many cities are preventing up to 65% dental decay; in San Francisco the cost is approximately six cents per capita. The protection given by fluoridation will last the entire lifetime of the child who has been drinking the fluoridated water since birth. No other public health measure has been so rewarding in terms of disease prevention at so low a cost.

In 1952 San Francisco residents wisely voted to support fluoridation and were one of the first major cities to do so. Today, there are over 60 million Americans drinking fluoridated water, including residents of such metropolitan areas as New York, Chicago, Detroit, Philadelphia and Baltimore, as well as many other areas. In communities where the effects of fluoridation have been statistically measured, results have borne out previous dental and medical opinion: that the children have better and more attractive teeth; and there is a reduction in the number of illnesses caused by dental diseases. As these children reach their full dental development, a reduction of tooth decay comparable to that presently seen may be expected at all age levels.

Observable results reported by local dentists indicate there is a noticeable improvement in the prevalence of caries among the children under their care.

DENTAL HEALTH WEEK IS FEBRUARY 6 - 12, 1966

STATISTICAL REPORT FOR THE 5th WEEK ENDING FEBRUARY 4, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	4	34	2	93	52
DIPHTHERIA	0	0	0	0	0
GONORRHEA	149	104	58	696	474
HEPATITIS, INF.	1	5	2	14	15
INFLUENZA	0	5	0	0	2
MEASLES	2	48	6	29	35
MENINGOCOCCAL INF.	0	1	0	5	0
MENINGITIS, OTHER	0	1	0	3	4
MUMPS	10	89	12	79	59

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	0	1	0	2	0
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	1	0	0	1
SALMONELLOSIS	1	3	0	8	17
SHIGELLOSIS	1	3	0	4	16
STREP. INFECTION	6	10	1	31	35
SYPHILIS	21	27	12	101	90
TUBERCULOSIS	8	17	4	51	23
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	9
STREPTOCOCCEMIA	1

	1966	1965
DEATHS RECORDED FOR THE WEEK	203	192
BIRTHS RECORDED FOR THE WEEK	300	357

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — FEBRUARY 14, 1966

HEART DISEASE IN SAN FRANCISCO

Diseases of the heart and circulatory system are the number one killer in the United States, accounting for almost a million deaths each year. In San Francisco, these diseases took the lives of 4,883 persons in 1964. This is more than the next 11 leading causes of deaths combined and 3,155 more than cancer, the second leading cause of 1,728 deaths. Approximately one fourth of the victims were less than 65 years of age.

We cannot be certain of preventing these diseases. But we can control or lessen some of the factors often associated with them, by observing the following precautionary measures:

1. Worrying about "symptoms" is futile. A regular checkup by a physician will enable him to discover heart disease early.
2. Regular, moderate exercise to keep physically fit and plenty of rest to ease the work-load on the heart is advised by most experts.
3. Keep weight down. It isn't too difficult to devise a diet that will provide proper nourishment without adding surplus pounds.
4. It's wise to try to reduce or eliminate tensions. An adequate vacation each year is important. A relaxing change of pace on weekends helps.
5. Research studies have analyzed the possible roles of tobacco, dietary facts and other elements in heart disorders. If one's physician recommends a change in this regard, follow his advice.

Most people who have heart attacks recover and go back to work. High blood pressure usually can be controlled. Recurrent attacks of rheumatic fever, forerunner of rheumatic heart disease, can be prevented. Strokes are not necessarily hopeless and invalidism can often be reduced or prevented. Heart defects often can be repaired and sections of diseased arteries often can be replaced through surgery. Many patients with circulatory disorders affecting their legs and arms are helped by surgery.

STATISTICAL REPORT FOR THE 6th WEEK ENDING FEBRUARY 11, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965	CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	29	78	5	122	57	PERTUSSIS	1	2	0	3	0
DIPHTHERIA	0	0	0	0	0	POLIOMYELITIS	0	0	0	0	0
GONORRHEA	141	98	36	837	572	RHEUMATIC FEVER	0	2	0	0	3
HEPATITIS, INF.	6	4	1	20	16	SALMONELLOSIS	0	3	0	8	19
INFLUENZA	1	4	0	1	2	SHIGELLOSIS	0	1	0	4	16
MEASLES	5	90	6	34	41	STREP. INFECTION	15	12	3	46	38
MENINGOCOCCAL INF.	1	1	0	6	1	SYPHILIS	15	23	16	116	111
MENINGITIS, OTHER	1	3	0	4	4	TUBERCULOSIS	9	9	4	60	27
MUMPS	23	48	12	102	88	TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	6
TUBERCULOSIS	3
SARCOIDOSIS	1

	1966	1965
DEATHS RECORDED FOR THE WEEK	209	184
BIRTHS RECORDED FOR THE WEEK	300	259

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — FEBRUARY 21, 1966

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SAN FRANCISCO

HOME ACCIDENTS FROM BURNS

Fire and explosions rank second as a cause of fatal injury among pre-school children in the United States, accounting for about one-fifth of all the accidental deaths in this age group. Most are victims of asphyxiation or burning to death at home, occurring most frequently when left without supervision. Deaths from fires and explosions are relatively more frequent among girls than boys. Burns caused by scalds from steam and other hot liquids add materially to the number of accidental deaths among pre-school children. The children who survive such accidents are faced with painful surgery, expensive hospitalization and often with a life long handicap from disfigurement and disability.

Contrary to common opinion, these tragic accidents are not restricted to areas of substandard housing, overcrowded homes, or lower socio-economic conditions. They occur with almost equal frequency to children in all social and economic levels. According to a study of accidents due to burns, the following were the five main causes in order of frequency:

1. Clothing on fire
2. Direct contact with flame, hot ashes or hot stoves
3. Gasoline or kerosene
4. Hot liquids, such as water or grease
5. Electrical appliances, wiring and miscellaneous causes.

No parent would knowingly allow a situation to exist that could result in a tragic accident to a child. Yet the seemingly casual attitude of many parents toward serious potential hazards in the home is often a source of concern to those investigating after the accident has occurred. Danger is always present when saucepans or kettles containing hot fluids are left where they can be upset; or where a poorly protected open fire or exposed heater is set at floor level; or electrical appliances are left on and unattended. The primary responsibility for the control of mishaps among pre-school children rests upon the parents. It is they who must provide supervision, remove possible hazards and set a good example.

STATISTICAL REPORT FOR THE 7th WEEK ENDING FEBRUARY 18, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	20	46	5	142	62
DIPHTHERIA	0	0	0	0	0
GONORRHEA	110	105	46	947	675
HEPATITIS, INF.	6	5	1	25	18
INFLUENZA	1	3	0	2	2
MEASLES	3	59	7	37	50
MENINGOCOCCAL INF.	1	2	0	7	3
MENINGITIS, OTHER	1	2	0	5	4
MUMPS	25	38	7	127	96

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	3	1	0	6	1
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	0	3
SALMONELLOSIS	0	1	0	8	20
SHIGELLOSIS	2	2	0	6	18
STREP. INFECTION	6	9	0	52	47
SYPHILIS	13	26	20	129	132
TUBERCULOSIS	9	15	6	69	42
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

HEPATITIS, INF.	1
INFLUENZA	1
PNEUMONIA	2

	1966	1965
DEATHS RECORDED FOR THE WEEK	243	218
BIRTHS RECORDED FOR THE WEEK	265	390

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR FEBRUARY 28, 1966

FEB 28 1966

CHILD HEALTH

The most common health problems of the school-age child are not those which threaten his life or send him to the hospital or even keep him out of school. There are, for instance, those children who eat too much, too little, or the wrong foods, who do not get enough sleep, who need to have their teeth filled or straightened; or who have posture defects or minor speech impairments and those who have emotional troubles which require help. Many of these remediable defects do not cause pain or even produce symptoms sufficiently important to require medical attention. Frequently, neither parent nor child is aware of these defects yet they may seriously interfere with the child's growth, development, education and, possibly his whole future.

The Health Department's school health services available to all school children, are designed to ensure that no child is deprived of needed medical attention through ignorance of the need for it. The emphasis is on directing children and their parents to their usual source of family medical care. During the 1964-1965 school year, 13,205 children received health examinations by departmental physicians; 41,556 had audio-metric tests; 44,200 were screened for defective vision and 234 cardiac examinations were made. Of the 40,559 students who received a tuberculin test, 2.9% reacted positively. Depending on the examination and the need for further observation or medical care, parents were assisted in obtaining private care, in being seen in a clinic, or if eligible, were referred to Crippled Children Services program.

The school health services are not only effective in removing handicaps which interfere with learning, but also develop wholesome health habits that will benefit the child throughout adult life. Parents can perform their role by keeping themselves informed on the child's health status and fulfilling the recommendations sent home by the school physician or nurse. This cooperative endeavor between the health department, the school, the parents and the family doctor will enable the child to make fullest use of his opportunities and potentialities for growth and develop into a sound and healthy adult.

STATISTICAL REPORT FOR THE 8th WEEK ENDING FEBRUARY 25, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	7	67	7	149	81
DIPHTHERIA	0	0	0	0	0
GONORRHEA	125	95	52	1072	770
HEPATITIS, INF.	3	4	0	28	22
INFLUENZA	33	2	0	35	3
MEASLES	11	37	6	48	65
MENINGOCOCCAL INF.	0	1	0	7	3
MENINGITIS, OTHER	1	1	0	6	4
MUMPS	4	107	9	131	105

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	2	0	0	8	1
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	0	3
SALMONELLOSIS	0	3	0	8	23
SHIGELLOSIS	1	2	0	7	19
STREP. INFECTION	1	12	1	53	48
SYPHILIS	21	26	8	150	148
TUBERCULOSIS	7	11	5	76	51
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
ECHINOCOCCOSIS	1
ENCEPHALITIS	1
INFLUENZA	3
PNEUMONIA	10
TUBERCULOSIS	1

	1966	1965
DEATHS RECORDED FOR THE WEEK	236	182
BIRTHS RECORDED FOR THE WEEK	241	333

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MARCH 7, 1966

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SAN FRANCISCO

"HOUSEHOLD CHEMICALS" CAN BE "POISONS"

Household chemicals are so familiar and have been used so long that one tends to become careless. As a result, each year, thousands of people are accidentally poisoned and many die, adults as well as children.

Household chemicals are used to clean homes, launder clothes, open drains, spray flowers, control weeds and exterminate vermin and pests. Medicines frequently are taken without realizing that whereas the prescribed dose may relieve aches and pains, an overdose can be fatal.

What can be done to help avoid accidental poisoning in the home? Here are some suggestions:

1. Label everything. Don't depend on memory to tell you what is in a bottle or container.
2. Keep all household chemicals, cleansing agents and polishes out of the reach of children.
3. Keep all medicines, including aspirin, in a locked cabinet.
4. Never put a poison or toxic substance in a container designed for food, such as a milk carton, soft drink bottle, or cereal box.
5. Teach children there are some things they must leave alone. Never forget that children are naturally curious. They will eat or drink anything.

If poisoning does occur, three steps are essential:

1. Get medical help immediately.
2. Administer first aid to the victim.
3. Save the container and any of the poisonous substance for identification.

STATISTICAL REPORT FOR THE 9th WEEK ENDING MARCH 4, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	25	63	7	174	88
DIPHTHERIA	0	0	0	0	0
GONORRHEA	107	94	45	1179	843
HEPATITIS, INF.	4	4	0	32	22
INFLUENZA	27	1	0	62	3
MEASLES	3	108	21	51	87
MENINGOCOCCAL INF.	5	2	0	12	5
MENINGITIS, OTHER	0	1	0	6	4
MUMPS	6	40	11	137	116

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	1	3	0	9	1
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	1	0	0	3
SALMONELLOSIS	1	3	0	9	24
SHIGELLOSIS	1	2	0	8	19
STREP. INFECTION	5	8	3	58	54
SYPHILIS	4	22	13	154	164
TUBERCULOSIS	9	17	10	85	63
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

MENINGITIS, PNEUMOCOCCAL	1
MONILIAL ENDOCARDITIS	1
INFLUENZA	1
PNEUMONIA	15
TUBERCULOSIS	2

	1966	1965
DEATHS RECORDED FOR THE WEEK	311	110
BIRTHS RECORDED FOR THE WEEK	336	418

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MARCH 14, 1966

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ENFORCING THE HOUSING CODE

As a part of the public health responsibility for the hygiene of housing, the Health Department's Bureau of Sanitation and Housing Inspection is required to inspect all buildings used as apartment houses and hotels and to issue a Permit of Occupancy to all those meeting our Housing Code specifications. Each of these multiple dwelling units are thoroughly inspected each year to insure that sanitation, maintenance, occupancy, light and ventilation standards are observed at the legally required levels. Code violations may range from minor to serious, with the majority falling into the non-hazardous technical violation category.

Under the Health Department's code enforcement program, every owner of a disapproved multiple housing unit receives a written notice by certified mail. This form enumerates the violations which are the basis of the disapproval, with instructions regarding the total rehabilitation of the substandard building. Under the provisions of the Housing Code, a specified period is allowed for these property owners to begin correction of the violations and to obtain a Permit of Occupancy. If no steps have been taken to rehabilitate the building in question within the specified period, the Health Department will then institute final action which may result in condemnation and vacating the building. A copy of the written notice is also sent to all Housing Code Enforcement Agencies. In this way the property owner can be made aware of the requirements of all the agencies concerned when he applies for a rehabilitation permit. The written notice can also serve to warn a prospective purchaser of the legal status of any disapproved multiple occupancy building.

This procedure has been successful in bringing about compliance by cooperative owners and accelerates correcting substandard housing conditions.

STATISTICAL REPORT FOR THE 10th WEEK ENDING MARCH 11, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	15	73	15	189	103
DIPHTHERIA	0	0	0	0	0
GONORRHEA	137	128	47	1316	971
HEPATITIS, INF.	1	4	2	33	24
INFLUENZA	11	3	0	73	3
MEASLES	11	81	19	62	106
MENINGOCOCCAL INF.	1	1	0	13	6
MENINGITIS, OTHER	0	1	0	6	4
MUMPS	16	37	16	153	132

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	0	2	0	9	2
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	1	0	0	4
SALMONELLOSIS	2	3	1	11	27
SHIGELLOSIS	2	1	0	10	19
STREP. INFECTION	2	10	2	60	58
SYPHILIS	14	23	19	168	187
TUBERCULOSIS	9	15	7	94	77
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

INFLUENZA	2
MENINGOCOCCAL INF.	2
PNEUMONIA	11

	1966	1965
DEATHS RECORDED FOR THE WEEK	270	206
BIRTHS RECORDED FOR THE WEEK	265	343

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

MARCH 21, 1966

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IMMUNIZATION IS STILL NEEDED

The tremendous decline in the incidence and in the death rates of some major diseases such as smallpox, diphtheria, whooping cough, tetanus and polio, is one of the great triumphs of preventive medicine. Primary credit for the reduction in these infections has been the development of adequate levels of individual and community-wide immunity through the systematic application of immunization procedures. It is important, however, to remember that there is no medical evidence to indicate that the organisms causing these diseases have completely disappeared, nor that their ability to produce serious infection has diminished. Any of these diseases may re-occur in number after many years of absence, if the level of individual and community immunization becomes seriously reduced.

It is known that some adults acquire certain degrees of immunity to many of these diseases through repeated contact with the specific infectious agents over a period of years although never showing obvious disease. Opportunity for this individual type of protective build-up by the body rarely occurs in infants or in children of pre-school and school age. Therefore, this necessary protection for children should be provided by parents who can obtain the standard immunizations through the family physician. At the same time, additional attention may be given to other important aspects of the child's health. Where parents are financially unable to provide private medical care, these services are available from many hospitals, clinics and Health Department district health centers.

"Booster" doses of these immunizing agents are necessary from time to time in order to maintain protection from these diseases. This is true for adults as well as children. To prevent these serious and possibly fatal diseases, everyone should keep a record of previous vaccinations and find out from their physician when the booster doses are due.

STATISTICAL REPORT FOR THE 11th WEEK ENDING MARCH 18, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	9	51	10	198	113
DIPHTHERIA	0	0	0	0	0
GONORRHEA	99	123	53	1415	1094
HEPATITIS, INF.	3	6	1	36	28
INFLUENZA	1	2	0	74	3
MEASLES	2	46	13	64	119
MENINGOCOCCAL INF.	2	2	0	15	6
MENINGITIS, OTHER	0	1	0	6	5
MUMPS	10	73	18	163	150

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	0	4	0	9	2
POLIOMYELITIS	0	2	0	0	0
RHEUMATIC FEVER	0	1	0	0	5
SALMONELLOSIS	1	1	0	12	28
SHIGELLOSIS	1	2	0	11	21
STREP. INFECTION	1	11	2	61	60
SYPHILIS	17	39	15	185	202
TUBERCULOSIS	13	12	5	107	84
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES	
INFLUENZA	1
MENINGOCOCCEMIA	1
PNEUMONIA	17
TUBERCULOSIS	1

	1966	1965
DEATHS RECORDED FOR THE WEEK	226	217
BIRTHS RECORDED FOR THE WEEK	346	289

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MARCH 28, 1966

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HOME CARE OF THE SICK

Whether it's a bout with a bad cold, a convalescence from an operation or a chronic illness, sooner or later sickness comes to every home, and the household is involved in home nursing of the sick. Sometimes the illness is brief, sometimes it is long. Whatever its nature, the patient will do better if someone in the home knows how to meet the nursing needs that any sickness raises.

Learning how to give day-to-day care to a sick person in the home usually presents no great difficulty. The family physician decides the nature of the care the patient requires. This may be specialized and require the services of a visiting nurse. But such professional services do not meet all the needs of the sick; during most of the day someone in the family must take over the patient's care. Knowing how do this in the home helps the doctor, the patient and his family.

Those who wish to learn in advance - before actual illness occurs - how to give good bedside care, may take advantage of a continuous program offered by the local chapter of the American Red Cross. The program consists of a series of practical lessons on the fundamentals of home nursing, suitable to groups of varying ages and backgrounds. It is given in both English and Spanish. Practice sessions are included to enable those attending to gain confidence and competence with their newly acquired skills. The course is popular and well attended, and a certificate is awarded to those who successfully complete the lessons. Registration may be made by contacting the local Red Cross Chapter at 1625 Van Ness Avenue, San Francisco, 776-1500.

STATISTICAL REPORT FOR THE 12th WEEK ENDING MARCH 25, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	39	71	14	237	127
DIPHTHERIA	0	0	0	0	0
GONORRHEA	195	117	40	1610	1211
HEPATITIS, INF.	2	4	0	37	31
INFLUENZA	0	3	0	74	4
MEASLES	8	76	24	72	143
MENINGOCOCCAL INF.	1	1	0	16	6
MENINGITIS, OTHER	0	0	0	6	5
MUMPS	17	85	13	180	173

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	0	1	0	9	2
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	0	5
SALMONELLOSIS	3	2	0	15	30
SHIGELLOSIS	2	1	0	13	22
STREP. INFECTION	2	16	4	63	73
SYPHILIS	24	29	15	209	224
TUBERCULOSIS	9	15	4	116	95
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

INFLUENZA	1
PNEUMONIA	6

	1966	1965
DEATHS RECORDED FOR THE WEEK	214	198
BIRTHS RECORDED FOR THE WEEK	320	373

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — APRIL 4, 1966

APR - 4 1966

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PREVENTING FOOD POISONING

The principal organisms causing food poisoning are the staphylococcus and the salmonella. Prevention is strictly a matter of good sanitation which involves cleanliness of the person handling the food, the kitchen where the food is prepared and protective food storage. The foods most likely to cause trouble are those in which the germs have a chance to multiply and which have not been thoroughly cooked just before eating. The symptoms common to both types of poisoning are: nausea, vomiting, retching, abdominal cramps and diarrhea. These are the usual symptoms and may vary in severity of attack with different individuals.

The staphylococcus germs generally cause trouble in foods of the following types: potato salad, macaroni salad, creamed dishes, cream filled pastries, and meat products. The infection usually occurs in their preparation or in allowing them to stand at room temperature for a few hours. This allows the bacteria sufficient time to produce their toxin, and it is the toxin, rather than the bacteria that causes this type of food poisoning.

Salmonella food poisoning is caused by ingesting the organisms themselves in large quantities. One of the differences between the two types of food poisoning is the amount of time involved between eating the infected food and the onset of the first symptom. In the staphylococcus type, the first symptoms appear in one to six hours. In salmonella food poisoning, the first symptoms take longer, generally from six to twenty-four hours. This characteristic difference is an important factor in aiding the doctor in making his diagnosis and helps the Health Department find the causative organism.

To prevent either of these types of food infection, food preparation and service must be conducted so that these germs cannot produce their toxin. This can be done by: (1) Personal cleanliness of the individuals handling the food; (2) Proper care of food preparation, and (3) Refrigeration of foods immediately after preparation, or in the case of hot foods, (4) Keep them hot (above 140° Fahrenheit.)

STATISTICAL REPORT FOR THE 13th WEEK ENDING APRIL 1, 1966

CASES REPORTED:	FOR THE WEEK	1961-1965 RANGE HIGH	1961-1965 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	28	70	13	265	140
DIPHTHERIA	0	0	0	0	0
GONORRHEA	111	99	50	1721	1310
HEPATITIS, INF.	3	4	2	39	33
INFLUENZA	0	3	0	74	4
MEASLES	39	58	17	111	198
MENINGOCOCCAL INF.	0	1	0	16	7
MENINGITIS, OTHER	0	1	0	6	5
MUMPS	11	61	6	191	225

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	0	4	0	9	6
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	0	5
SALMONELLOSIS	7	2	0	22	31
SHIGELLOSIS	1	1	0	14	22
STREP. INFECTION	7	23	6	70	96
SYPHILIS	23	27	12	232	236
TUBERCULOSIS	9	16	6	125	101
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	2
TUBERCULOSIS	1

	1966	1965
DEATHS RECORDED FOR THE WEEK	207	186
BIRTHS RECORDED FOR THE WEEK	321	349

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

APRIL 11, 1966

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PLASTIC BAG HAZARD

A dangerous by-product of modern technological developments has been found in the misuse of thin plastic bags and wrappers which can cause suffocation if brought to the face. This plastic material is polyethylene, four to six-thousandths of an inch thick, which is a very useful product as a protective covering for cleaned garments, foods, and other goods. In appearance it is shiny, soft-to-the-touch, silky, pliable and has "see-through" characteristics. All these qualities make plastic film attractive to children as playthings.

If plastic bags are left within reach of small children they may cause disaster. Children like to pull the bags over their heads and are delighted because they can see through them. The ultra-thin film, however, may cling to the face, shutting off air from the mouth and nose. If this happens, only prompt intervention can prevent suffocation. Parents have inadvertently caused infant deaths from suffocation by the use of plastic dry-cleaning bags as improvised mattress covers, pillow covers, or mattress protectors.

Plastic bags as used by the cleaning and food packaging industries are useful articles which are here to stay. They have been accepted as another modern convenience. However, we should be aware of the risks involved when these bags are used as play things. All parents should know and observe the following precautions:

(1) After a plastic bag, cover, or wrapping has served its purpose, dispose of it! Do this by burning, or by tying it into knots, and disposing into a refuse container.

(2) Never use plastic film as a cover for mattresses, pillows, or blankets!

(3) Never let children play with plastic film or leave it about where they can have access to it!

(4) Plastic bags are not playthings!

STATISTICAL REPORT FOR THE 14th WEEK ENDING APRIL 8, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	57	43	17	322	157
DIPHTHERIA	0	0	0	0	0
GONORRHEA	96	100	51	1817	1410
HEPATITIS, INF.	2	5	2	40	36
INFLUENZA	1	3	0	75	4
MEASLES	15	71	12	126	229
MENINGOCOCCAL INF.	2	3	0	18	10
MENINGITIS, OTHER	1	1	0	7	5
MUMPS	13	54	8	204	241

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	0	6	0	9	8
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	1	1	0	1	5
SALMONELLOSIS	2	5	0	24	31
SHIGELLOSIS	1	5	0	15	27
STREP. INFECTION	3	10	3	73	106
SYPHILIS	12	31	15	244	258
TUBERCULOSIS	11	12	7	136	110
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

INFLUENZA	1	MENINGITIS, MENINGOCOCCUS	1
PNEUMONIA	5	MENINGITIS, PNEUMOCOCCUS	1
TUBERCULOSIS	1		

	1966	1965
DEATHS RECORDED FOR THE WEEK	169	183
BIRTHS RECORDED FOR THE WEEK	219	359

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ELLIS D. SOX, M.D., DIRECTOR

APRIL 18, 1966

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PKU

Phenylketonuria, or "PKU", is an inherited metabolic disorder which brings about an accumulation of phenylalanine in the blood of affected infants and results in brain damage and mental retardation. It has been detected in 1 of every 10,000 infants tested in a 29-state investigation conducted in 1962-63. The disorder can be easily detected, and when diagnosed early, can be favorably modified by dietary management, thus reducing the degree of brain damage. The infant with PKU appears normal at birth and parents may be unaware that brain damage is occurring. Usually it is not until brain damage has occurred that parents notice that something is wrong.

Beginning January 1, 1966, California State legislation required compulsory testing of newborns and infants under one month when admitted to a hospital with the responsibility for screening and follow-up resting with the hospital and the physician. For infants having no physician, the Health Department's Crippled Children Services can provide a definitive diagnosis and under certain conditions can pay for treatment.

PKU is a disease that runs in families by means of an inherited and transmitted propensity. If one member of a family is found to have the disease, all infants in the entire family should be checked early in life. In this way, cases can be found while treatment is most effective. Similar PKU screening programs of preschool children and mentally retarded persons would uncover the high risk group who propagate the PKU population to succeeding generations.

The key to curbing the growth of this mental deficiency, is early casefinding and treatment. The earlier the treatment, the less damage is done.

STATISTICAL REPORT FOR THE 15th WEEK ENDING APRIL 15, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	9	71	23	331	180
DIPHTHERIA	0	0	0	0	0
GONORRHEA	149	106	55	1966	1490
HEPATITIS, INF.	3	7	0	43	41
INFLUENZA	0	7	0	75	6
MEASLES	17	148	31	143	260
MENINGOCOCCAL INF.	0	1	0	18	10
MENINGITIS, OTHER	0	2	0	7	6
MUMPS	2	39	29	206	280

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	0	1	0	9	8
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	1	5
SALMONELLOSIS	3	6	1	27	32
SHIGELLOSIS	2	7	0	17	34
STREP. INFECTION	3	9	4	76	115
SYPHILIS	26	32	20	270	278
TUBERCULOSIS	9	18	6	145	128
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

			1966	1965
PNEUMONIA	3	DEATHS RECORDED FOR THE WEEK	184	165
		BIRTHS RECORDED FOR THE WEEK	293	327

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DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR APRIL 25, 1966

SUICIDE

Suicide is the seventh leading cause of death in San Francisco and thereby constitutes a major public health problem. At present, attempted suicide is not reportable and a death is not usually attributed to suicide if there is any possibility of accidental cause.

The reasons most often given for attempting suicide are: (1) Ill-health; (2) Economic distress; (3) Loss of a loved one; (4) Domestic difficulties. The actual or true reasons are: (1) Immense anger which a person cannot admit to himself; (2) An immense self-depreciation. Behind these expressed motives can be found certain emotional attitudes and feelings of fear, inferiority, insecurity, hatred, guilt, and others. The final act of suicide often follows a long chain of contributory experiences.

Can preventive measures be taken to lessen the extent of this public health problem? A number of investigators have found that the easy availability of a helping person at the time of crisis can deter a suicidal act. It is best if such a person is a professional, but any level-headed individual can be of emergency help. Threat of suicide should always be taken seriously. There is a tragic misconception that people who say they are going to kill themselves never do. Quite the contrary is true; most people who commit suicide have warned others before of their intention. Women make more suicidal threats and gestures; men make higher percentage of successful attempts. A threat of suicide is always a reason for taking immediate action.

Follow-up measures are also important, since mere deterrence of the particular suicidal act does not mean that the period of risk is over. One such follow-up facility is the Health Department's Immediate Psychiatric Aid and Referral Center which sees nearly every person who is reported as an attempted suicide. Some of the patients seen continue in the Adult Psychiatric Clinic. Others are referred for care to agencies elsewhere in the city. A high percentage of the acute suicidal patients who come to us are given enough skilled attention that the suicidal trend is effectively interrupted.

STATISTICAL REPORT FOR THE 16th WEEK ENDING APRIL 22, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	38	55	12	369	196
DIPHTHERIA	0	0	0	0	0
GONORRHEA	70	103	51	2036	1580
HEPATITIS, INF.	7	6	3	49	46
INFLUENZA	0	4	0	75	6
MEASLES	10	73	18	153	278
MENINGOCOCCAL INF.	0	1	0	18	11
MENINGITIS, OTHER	1	1	0	8	6
MUMPS	10	43	8	216	288

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	0	4	0	9	8
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	1	0	1	6
SALMONELLOSIS	0	3	0	27	32
SHIGELLOSIS	0	2	0	17	36
STREP. INFECTION	3	14	2	79	119
SYPHILIS	19	23	14	288	292
TUBERCULOSIS	9	14	5	154	138
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
PNEUMONIA	5

	1966	1965
DEATHS RECORDED FOR THE WEEK	213	228
BIRTHS RECORDED FOR THE WEEK	278	275

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ELLIS D. SOX, M.D., DIRECTOR

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MUSSEL QUARANTINE

Each year, from May 1 to October 31, all species of California mussels are under quarantine as unfit for human consumption. The State Board of Public Health has established the quarantine to extend along the entire coast of California, as well as all bays, inlets and harbors, including San Francisco Bay. The purpose of this annual quarantine is to protect the people of California from the highly toxic poison found in the shellfish during this time of the year. Mussels may be used for bait, but must be broken open and placed in containers plainly labeled "Mussel may contain poison. Unfit for human food". During this quarantine period, the dark meat of clams can also be dangerous. Only the white meat should be eaten; and the clams should be thoroughly cleaned and washed before cooking. In digging clams, they should be taken only from areas free of sewage contamination.

The source of mussel poisoning is Gonyaulax catenella, a microscopic organism found in plankton, which serves as food for mussels and clams. In warm weather the organism may multiply to such an extent that the water is a deep rust red color. While the poison does not appear to be harmful to the mussel, it can prove fatal to man when he consumes the toxic shellfish. A prickly feeling in the lips, tongue and finger tips, followed by numbness are the first signs of poisoning. An unsteady gait and other lack of muscular coordination and finally ascending paralysis mark the progress of the poisoning, with death from respiratory failure in two to twelve hours after consumption of the shellfish. Chemically, the poison is similar to strychnine, and is one of the strongest poisons known. Because it is heat stable, cooking by boiling or steaming does not destroy the poison. In fact, death has been known to occur 15 minutes after eating toxic mussels.

As the toxic shellfish cannot be distinguished in appearance from the harmless ones, the only safe rule to follow is: AVOID EATING MUSSELS OR CLAMS FROM CALIFORNIA COASTAL WATERS FROM NOW UNTIL OCTOBER 31.

STATISTICAL REPORT FOR THE 17th WEEK ENDING APRIL 29, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	34	70	22	403	231
DIPHTHERIA	0	0	0	0	0
GONORRHEA	149	97	50	2185	1677
HEPATITIS, INF.	4	8	3	53	50
INFLUENZA	0	4	0	75	6
MEASLES	10	126	25	163	310
MENINGOCOCCAL INF.	0	2	0	18	11
MENINGITIS, OTHER	1	2	0	9	6
MUMPS	10	57	17	226	322

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	0	2	0	9	9
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	1	0	1	6
SALMONELLOSIS	1	4	0	28	32
SHIGELLOSIS	3	4	0	20	38
STREP. INFECTION	2	12	6	81	131
SYPHILIS	27	26	14	314	314
TUBERCULOSIS	13	12	6	166	148
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	5

	1966	1965
DEATHS RECORDED FOR THE WEEK	163	189
BIRTHS RECORDED FOR THE WEEK	317	364

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THE IMMEDIATE PSYCHIATRIC AND REFERRAL CENTER (IMPAC)

This "psychiatric first aid" or "walk-in" facility, is one of the few of its kind in the country. It is located at 2450 22nd Street, on the ground floor of Building 90 at San Francisco General Hospital, and is available to anyone for information, diagnosis or temporary psychiatric help for himself or his family. All types of cases are handled, some being seen but once and then referred to a more appropriate resource for definitive aid; others are seen several times to deal with the particular critical situation presented. All applicants are accepted without any eligibility requirements.

Persons have been referred to the Center from all private and public agencies and clinic in the community. Referrals from the Center have utilized private physicians and agencies as well as most social agencies and facilities in this city and environs. Over 200 new cases are seen each month in person, many problems are handled by telephone.

IMPAC is available to all persons who are unable to obtain help in other ways or those who simply do not know where to go. Referrals to private physicians are a growing service with the institution of Medicare. Regular office hours are held during week days, but emergency help is available 24 hours a day, seven days a week, through the psychiatrist on call at the Psychiatric Service. Call 558-3034, from 8:30 A.M., to 5 P.M., weekdays or 648-8200 (San Francisco General Hospital) from 5 P.M., and weekends.

STATISTICAL REPORT FOR THE 18th WEEK ENDING MAY 6, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	39	62	10	442	270
DIPHTHERIA	1	0	0	1	0
GONORRHEA	145	127	67	2330	1804
HEPATITIS, INF.	4	3	0	55	52
INFLUENZA	0	1	0	75	6
MEASLES	20	166	30	183	359
MENINGOCOCCAL INF.	1	1	0	19	12
MENINGITIS, OTHER	1	1	0	10	7
MUMPS	14	55	10	240	377

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	0	2	0	9	9
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	1	6
SALMONELLOSIS	2	2	0	30	33
SHIGELLOSIS	0	1	0	20	39
STREP. INFECTION	2	17	5	83	148
SYPHILIS	21	26	13	335	331
TUBERCULOSIS	13	12	5	178	153
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	4
STAPH. SEPTICEMIA	1
TUBERCULOSIS	2

	1966	1965
DEATHS RECORDED FOR THE WEEK	177	177
BIRTHS RECORDED FOR THE WEEK	299	378

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ELLIS D. SOX, M.D., DIRECTOR

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REGISTRATION OF BIRTHS AND DEATHS

The birth certificate is a legal record which provides evidence for such important facts as parentage and date and place of birth. It is used as proof of age for registration in school, for social security benefits, securing a passport, obtaining employment, proving legal dependency, etc. Similarly, the death certificate is a legally recorded statement of the facts of death and is used for the purpose of claiming life insurance or pensions and settling estates. It provides information in regard to cause and circumstance of death, interment, and evidence as to age, sex and race. Further, the death certificate is a source of data used in determining the incidence of specific causes of death, for evaluating the need for health services and for measuring the progress in the prevention and control of disease.

The procedure for the recording of births and deaths is established by State law. The birth registration procedure provides that a birth shall be registered within four days after the event occurs. The responsibility for filing the certificate lies with the physician, or whoever is in attendance. When a birth certificate is needed but was never filed, the facts of birth can be established by (1) Superior Court action or (2) application to the State Registrar for a delayed certificate of birth. The procedure for registering deaths requires the physician or coroner to execute the medical portion of the death certificate and to deliver the certificate to the funeral director within 15 hours after the death. The funeral director is responsible for completing those parts of the certificate calling for personal information about the deceased and filing the certificate.

By law, birth and death certificates must be filed with the local registrar of vital statistics, who, in San Francisco, is the Director of Public Health. It is his duty to make each certificate as accurate and complete as possible. By delegated responsibility, the Chief Deputy Registrar of Vital Statistics prepares and files a copy of each birth and death certificate and forwards the original to the State Registrar in Sacramento for permanent filing. The Birth and Death Registry is located in the main Health Department building at 101 Grove Street where certified copies of certificates may be obtained on payment of a fee of two dollars.

STATISTICAL REPORT FOR THE 19th WEEK ENDING MAY 13, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	23	36	16	465	301
DIPHTHERIA	0	1	0	1	0
GONORRHEA	133	100	59	2463	1904
HEPATITIS, INF.	5	4	1	60	56
INFLUENZA	0	6	0	75	6
MEASLES	34	95	25	217	397
MENINGOCOCCAL INF.	0	1	0	19	12
MENINGITIS, OTHER	1	1	0	11	8
MUMPS	7	53	3	247	430

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	2	1	0	11	9
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	1	0
SALMONELLOSIS	3	4	1	33	35
SHIGELLOSIS	3	3	0	23	42
STREP. INFECTION	8	10	4	91	152
SYPHILIS	23	21	15	358	346
TUBERCULOSIS	10	16	9	188	164
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

			1966	1965
PNEUMONIA	8	DEATHS RECORDED FOR THE WEEK	196	198
		BIRTHS RECORDED FOR THE WEEK	312	377

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DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR MAY 23, 1966

THE CENTER FOR SPECIAL PROBLEMS

The Health Department now has a Center for Special Problems, which has been deveoped in the past five months to provide outpatient treatment, education and research on a number of major (and growing) social and health problems. The Center was developed from the former Adult Guidance Center which was the oldest alcoholism program in the Western states. Among the major features of the new and developing program at the Center are: (1) the handling in one context of all forms of drug abuse, e.g., alcohol, narcotics, tobacco, marijuana, sedatives, stimulants, L.S.D.,; (2) the provision of a full range of public health services for sexual "deviants", criminals and drug abusers; and (3) the blending of clinical and research, criminologic and public health, new and old approaches. This program is administratively under the Community Mental Health Services Division of the San Francisco Health Department.

The Center is attempting to stress a broadly based, comprehensive public health approach to these problem areas, which will include treatment and rehabilitation on an outpatient basis, education and prevention, consultation, research and training. There are also two branches of the Center: the San Francisco Jail Clinic at San Bruno and the Hall of Justice, and the Alcohol and Drug Abuse Screening Unit at San Francisco General Hospital. All available treatment methods are being used in combination, depending on individual needs and staff capabilities. This includes individual and group psychotherapy, medications, such as Antabuse and tranquilizers, casework services, occupational therapy, vocational counselling, etc.

It is hoped in the future to give increasing emphasis to public and professional health education and consultation in a manner that would help to prevent the development of the special problems being dealt with. Both short-term and long-term services will be provided, without regard to socio-economic class, ability to pay, or age. Information and treatment services to relatives and family members are being encouraged. Liaison and close working relationships have been established with most of the private and public agencies and organizations whose interests include the problems dealt with by the Center for Special Problems.

The Center is located at 2107 Van Ness Avenue at Pacific, and is open on Mondays and Thursdays from 8:00 A.M. to 9:00 P.M., and on Tuesdays, Wednesdays and Fridays from 8:00 A.M. to 5:00 P.M. Inquiries for information or appointment may be made by calling KL 8-4801.

STATISTICAL REPORT FOR THE 20th WEEK ENDING MAY 20, 1966

CASES REPORTED:	FOR THE WEEK	1961-1965 RANGE HIGH	1961-1965 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	28	71	15	495	316
DIPHTHERIA	0	0	0	1	0
GONORRHEA	130	115	59	3583	2409
HEPATITIS, INF.	1	5	0	61	57
INFLUENZA	0	2	0	75	6
MEASLES	14	139	25	237	430
MENINGOCOCCAL INF.	0	2	0	19	12
MENINGITIS, OTHER	0	2	0	11	8
MUMPS	7	31	5	254	461

CASES REPORTED:	FOR THE WEEK	1961-1965 RANGE HIGH	1961-1965 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	1	2	0	12	9
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	1	0	1	0
SALMONELLOSIS	1	2	0	34	35
SHIGELLOSIS	1	3	0	24	43
STREP. INFECTION	2	11	1	93	165
SYPHILIS	25	27	12	383	466
TUBERCULOSIS	10	14	10	197	177
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

			1966	1965
MENINGITIS, PNEUMOCOCCAL	1	DEATHS RECORDED FOR THE WEEK	182	201
PNEUMONIA	5	BIRTHS RECORDED FOR THE WEEK	285	391

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ELLIS D. SOX, M.D., DIRECTOR

MAY 31, 1966

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ALCOHOLISM AND DRUNK DRIVING

Approximately one in 12 of America's 75,000,000 drinkers becomes an alcoholic or problem drinker, that is, one who is drinking to a point that impairs his social or vocational adjustment or health. This abnormality is an illness and should be understood and accepted as such by the alcoholic, his family, and society. It results from a combination of social and psychological factors including such things as family attitudes toward drinking, massive advertising pressures to drink, and personality inadequacies. Drunk driving accounts for at least half of the 50,000 deaths and 1,500,000 injuries each year on the highways.

The person who suffers from alcoholism endures far-reaching physical and emotional damage. Among the more severe and sometimes fatal consequences are cirrhosis of the liver, gastritis, ulcers,and brain damage. From a mental standpoint, the alcoholic's drinking may result in personality changes, excessive guilt, remorse and depression. Alcoholics are also frequently victims of accidents and injuries and are a hazard to themselves and to others as drivers or pedestrians.

Not uncommonly, the alcoholic will not admit he is ill and will develop elaborate habits to conceal his illness from himself and from others. This built-in deception is one of the most difficult aspects of treating the disease. The initial steps in rehabilitation are directed toward helping the problem drinker to accept treatment under the guidance of a physician. Such treatment is aimed at total abstinence from alcohol and, once the patient has been brought to the point where he can bear abstinence, repairing any physical damage that may have occurred. Next, the alcoholic undergoes prolonged treatment to enable him to endure his abstinence emotionally. This includes social and vocational counseling, Antabuse, and psychotherapy. Similar types of help can often be of benefit to the drunk driver.

Information about treatment and/or education about alcoholism or drunk driving may be obtained from the Health Department's Center for Special Problems, 2107 Van Ness Avenue, or by phoning the Center at KL 8-4801.

STATISTICAL REPORT FOR THE 21st WEEK ENDING MAY 27, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	28	46	9	521	325
DIPHTHERIA	0	1	0	1	0
GONORRHEA	116	127	65	2709	2146
HEPATITIS, INF.	4	7	2	65	63
INFLUENZA	0	1	0	75	6
MEASLES	23	125	11	254	441
MENINGOCOCCAL INF.	0	1	0	19	12
MENINGITIS, OTHER	2	1	1	13	9
MUMPS	16	38	13	270	485

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	1	1	0	13	9
POLIOMYELITIS	0	2	0	0	0
RHEUMATIC FEVER	0	0	0	1	6
SALMONELLOSIS	3	4	0	37	35
SHIGELLOSIS	0	2	0	24	44
STREP. INFECTION	4	8	1	97	171
SYPHILIS	22	27	16	405	386
TUBERCULOSIS	8	11	8	205	186
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

HEPATITIS, VIRAL	1
PNEUMONIA	3

	1966	1965
DEATHS RECORDED FOR THE WEEK	189	185
BIRTHS RECORDED FOR THE WEEK	314	292

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HAY FEVER

Each year in the spring, hundreds of San Franciscans are beset by allergic symptoms of weepy eyes, stuffed or runny noses, sneezing, wheezing and the general discomfort which marks the onset of their annual bout with hay fever. In many cases the symptoms are mild enough to be mistaken for a spring cold. Others suffer intensely, with considerable loss of time from work or school. Whether mild or severe, the symptoms should not be regarded lightly, as they may be associated with other diseases. This allergic reaction which is rarely caused by hay and hardly ever associated with fever, is due to the inhalation of airborne pollen from trees, grasses, molds or weeds by those who have a sensitivity to such substances. Elsewhere in the country, ragweed is the usual source of the offending particles. In the Bay Area, most cases of spring hay fever are caused by tree pollen, particularly that of the common oak tree.

Mild seasonal attacks of hay fever can usually be treated effectively with simple medications prescribed by a physician. More severe or persistent cases may require skin tests and desensitization against the offending substance. If asthma or other complications occur, still other methods of treatment may be required. The physician can determine which treatment is best for each individual case.

There are also a number of personal measures one can take to avoid or ease the distressing symptoms. Try to keep doors and windows closed as much as possible during the susceptible period. Central air conditioning with filtration, although expensive, can provide gratifying relief. If this is not practical, a window unit in the bedroom can help toward a good night's sleep and leave one better able to withstand the sneezes of the next day. Obviously, a sensitive person should not take walks through fields or woods, and he should plan his vacation for the period during which he is usually afflicted. A trip of only a hundred miles away to a place free from the offending pollen can allow one to breathe freely.

STATISTICAL REPORT FOR THE 22nd WEEK ENDING JUNE 3, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	31	86	16	552	341
DIPHTHERIA	0	0	0	1	0
GONORRHEA	126	131	67	2835	2277
HEPATITIS, INF.	1	5	0	66	65
INFLUENZA	0	7	0	75	6
MEASLES	27	238	18	281	472
MENINGOCOCCAL INF.	0	1	0	19	13
MENINGITIS	0	0	0	13	9
MUMPS	8	36	6	278	506

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	0	1	0	13	9
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	1	6
SALMONELLOSIS	4	2	0	41	36
SHIGELLOSIS	0	3	0	24	45
STREP. INFECTION	4	9	3	101	178
SYPHILIS	19	24	16	424	410
TUBERCULOSIS	1	16	10	205	196
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 1

	1966	1965
DEATHS RECORDED FOR THE WEEK	157	178
BIRTHS RECORDED FOR THE WEEK	246	330

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ELLIS D. SOX, M.D., DIRECTOR

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SEAT BELTS

The ability of the average American to ignore the possibility of his own destruction is nowhere better illustrated than in his casual neglect to use a seat belt. He knows that thousands are killed or injured on our highways each day, but he doesn't believe that it will happen to him. If he did, he would put seat belts in his car and make sure they were used at all times. They are recognized as the most important single, economically feasible and acceptable device available to minimize deaths and prevent mutilating injuries resulting from automobile accidents. They should be a "must" for every automobile, particularly until the safety features currently being advocated become standard equipment for all cars. Crash injury research and highway experience has provided ample evidence that:

1. Your chances of being killed in an accident are five times greater if you are thrown from the vehicle. Your seatbelt will help keep you in the car.
2. More than half of the accidents causing injury or death involve speeds of less than 40 miles an hour. Your seat belt can prevent or lessen injury in an accident and may save your life.
3. Figures indicate that three out of four traffic deaths occur within 25 miles of home. Your seat belt can protect you in town as well as on the highway.

The use of seat belts is only one preventive aspect of a complex problem of traffic safety which involves all segments of the community. Most people seem to resist safety measures whether it be in the home, at work or on the highway until they are shocked into action by some unfortunate personal experience. Each of us individually and in our professional or official capacity can contribute to the reduction of traffic deaths and injuries by using seat belts and encouraging their use whenever possible. With the advent of lengthening days, holidays and vacations, the family car will be more in use. We owe it to our loved ones to equip the car with seat belts - and use them. They are an investment in safety, cheaper than insurance, cheaper than funerals, cheaper than surgery.

THE ODDS ARE IN YOUR FAVOR WHEN YOU ARE WEARING A SEAT BELT.

STATISTICAL REPORT FOR THE 23rd WEEK ENDING JUNE 10, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	22	55	6	574	347
DIPHTHERIA	0	0	0	1	0
GONORRHEA	129	93	59	2964	2370
HEPATITIS, INF.	2	5	0	68	68
INFLUENZA	0	1	0	75	6
MEASLES	25	251	7	306	479
MENINGOCOCCAL INF.	0	2	0	19	13
MENINGITIS, OTHER	0	2	0	13	9
MUMPS	12	82	7	290	522

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	0	5	0	13	9
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	1	0	1	6
SALMONELLOSIS	1	5	1	42	41
SHIGELLOSIS	3	2	0	27	45
STREP. INFECTION	3	8	2	104	184
SYPHILIS	13	34	14	437	425
TUBERCULOSIS	5	14	3	210	199
TYPHOID FEVER	0	0	0	0	[illegible]

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

HEPATITIS, VIRAL	1
PNEUMONIA	3
TUBERCULOSIS	1

	1966	1965
DEATHS RECORDED FOR THE WEEK	177	219
BIRTHS RECORDED FOR THE WEEK	380	331

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ELLIS D. SOX, M.D., DIRECTOR

JUNE 20, 1966

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RABIES - A CONSTANT MENACE

Rabies, often called hydrophobia, is a disease that affects the nervous system of animals and man. Once it develops, it is always fatal. The disease is caused by a virus present in the saliva of infected animals. Although cases of rabies in man are comparatively rare, it is widespread in animals in the United States, and in recent years has been on the increase. Dogs formerly accounted for the largest percentage of rabies cases in California, but with increased vaccinations this pattern has changed in recent years, until now most of the confirmed cases are found in wildlife, particularly skunks and bats. Moreover, though the incidence of the disease is fairly uniform throughout the year, more cases are reported during the summer months when animals wander about and there is a greater possibility of exposure to other susceptible animals and humans.

No cases of rabies have occurred in San Francisco for many years. Nevertheless, it is well to remember that this county is surrounded by areas in which animal rabies is prevalent and no less than thirty-five of California's fifty-eight counties have been declared "rabies areas" by the State Department of Public Health. This fact is particularly significant during the summer months when many families will be going on vacations, camping trips, hikes and picnics into other parts of the State. To avoid exposure to rabies the following precautions should be observed:

(1) Dogs may be bitten by rabid bats or skunks without the owner being aware of the fact. If you plan to take a dog with you, have him vaccinated against rabies several weeks beforehand. This protects the dog as well as the family members. It will also allow the dog to move about freely without danger.

(2) Caution children against playing with, feeding or handling wild animals of any kind, especially if the latter appear to be dead, sleeping, wounded or behaving abnormally.

(3) Avoid sleeping on the ground in the open. Much greater safety is provided by sleeping in a tent, firmly anchored to the ground, and with the flaps securely closed.

(4) All animal bites should be immediately washed thoroughly with copious amounts of soap and running water. Then report the case to a physician at once.

STATISTICAL REPORT FOR THE 24th WEEK ENDING JUNE 17, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965	CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	17	51	9	591	356	PERTUSSIS	0	5	0	13	9
DIPHTHERIA	0	0	0	1	0	POLIOMYELITIS	0	0	0	0	0
GONORRHEA	143	133	57	3107	2503	RHEUMATIC FEVER	0	0	0	1	6
HEPATITIS, INF.	4	4	1	72	69	SALMONELLOSIS	3	5	0	45	45
INFLUENZA	0	1	0	75	6	SHIGELLOSIS	2	2	0	29	45
MEASLES	27	191	12	333	491	STREP. INFECTION	1	9	2	106	193
MENINGOCOCCAL INF.	0	1	0	19	14	SYPHILIS	13	24	9	450	449
MENINGITIS, OTHER	0	1	0	13	10	TUBERCULOSIS	9	12	4	219	203
MUMPS	9	31	13	299	536	TYPHOID FEVER	0	1	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:			1966	1965
PNEUMONIA	4	DEATHS RECORDED FOR THE WEEK	210	164
		BIRTHS RECORDED FOR THE WEEK	291	286

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DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JUNE 27, 1966

1965 POPULATION ESTIMATES FOR SAN FRANCISCO

ETHNIC GROUP	1960 CENSUS		1965 ESTIMATES	
TOTAL	740,316	100.0%	750,500	100.0%
White	604,403	81.6	585,500	78.0
Negro	74,383	10.1	91,000	12.1
Chinese	36,445	4.9	42,600	5.7
Filipino	12,327	1.7	15,500	2.1
Japanese	9,464	1.3	11,500	1.5
Other Non-White	3,294	0.4	4,400	0.6

AGE GROUP	1960 CENSUS		1965 ESTIMATES	
Under 5 years	58,851	8.0	59,300	7.9
5 - 14	98,189	13.3	107,300	14.3
15 - 24	91,155	12.3	99,100	13.2
25 - 44	199,362	26.9	180,100	24.0
45 - 64	199,151	26.9	201,900	26.9
65 and Over	93,608	12.6	102,800	13.7

The provisional estimate of San Francisco's total population by the State Department of Finance as of July 1, 1965 was 750,500, an increase of 10,184 or 1.4% more than the 1960 census figure of 740,316. It was 5,200 or 0.7% less than its estimate of 755,700 on July 1, 1964. The number of males was estimated at 367,000 or 48.9% and the number of females at 383,500 or 51.1%.

Non-whites were estimated to be 22% of the total population, an increase of almost 30,000 or 21% since 1960. Whites decreased by nearly 19,000 or 3%. Both whites and non-whites increased in age group 5 - 14 years, from 69,897 and 28,292 in 1960 to 73,000 and 34,300 in 1965. For ages 65 years and over, the increases were from 88,103 whites in 1960 to 95,200 in 1965 and from 5,505 non-whites in 1960 to 7,600 in 1965.

STATISTICAL REPORT FOR THE 25th WEEK ENDING JUNE 24, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	5	22	10	596	366
DIPHTHERIA	0	0	0	1	0
GONORRHEA	162	119	61	3269	2622
HEPATITIS, INF.	3	4	1	75	72
INFLUENZA	0	0	0	15	6
MEASLES	19	72	8	352	499
MENINGOCOCCAL INF.	2	1	0	21	14
MENINGITIS, OTHER	0	2	0	13	10
MUMPS	5	23	5	304	541

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	0	2	0	13	9
POLIOMYELITIS	0	1	0	0	0
RHEUMATIC FEVER	0	1	0	1	6
SALMONELLOSIS	1	6	0	46	46
SHIGELLOSIS	2	3	0	31	46
STREP. INFECTION	0	7	0	106	196
SYPHILIS	35	29	13	485	466
TUBERCULOSIS	2	17	7	221	212
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

MENINGITIS, PNEUMOCOCCAL	1
PNEUMONIA	4
SARCOIDOSIS	1
TUBERCULOSIS	1

	1966	1965
DEATHS RECORDED FOR THE WEEK	180	212
BIRTHS RECORDED FOR THE WEEK	358	309

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THE NEW FISCAL YEAR

On July 1, the new fiscal year of the City and County of San Francisco commences. The staff of the Department of Public Health feels encouraged in the recognition by the people of San Francisco through the Board of Supervisors, the Mayor, and the Chief Administrative Officer, that public health needs are of the highest priority.

Progress in our programs would have been impossible without this understanding and without the interest and support of many people who have volunteered their time and energies toward the implementation of our programs. Among these are included the Health Advisory Board and Mental Health Advisory Board, who have worked closely with us in the development of our programs and in the evaluation of our needs. The great variety of voluntary agencies which have supported directly and indirectly the different programs of the department and have worked closely with us are also to be commended for their interest and help.

The 3300 members of the staff paid by the City and those physicians employed by the University of California School of Medicine to supervise the medical care at San Francisco General Hospital contributed immeasurably to the development of our plans to make our new San Francisco General Hospital, the bond issue for which was approved by the voters in 1965. We can be proud of the work done by our staff and by the people of San Francisco who have contributed so much to the community health programs.

A look into the future shows us moving into the second of our new health centers in the fall of this year and hopefully, into the third such center about a year from now. San Francisco General Hospital will become an outstanding medical center that will serve all the people of San Francisco. The Department appreciates the confidence expressed in it by the people of San Francisco, and intends fully to continue to merit their support.

STATISTICAL REPORT FOR THE 26th WEEK ENDING JULY 1, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	6	15	3	602	373
DIPHTHERIA	0	0	0	1	0
GONORRHEA	149	139	58	3418	2761
HEPATITIS, INF.	14	3	1	89	74
INFLUENZA	0	1	0	75	6
MEASLES	17	60	4	369	503
MENINGOCOCCAL INF.	1	0	0	22	14
MENINGITIS, OTHER	0	1	0	13	11
MUMPS	3	13	3	307	544

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	0	2	0	13	9
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	1	0	1	6
SALMONELLOSIS	2	4	0	48	47
SHIGELLOSIS	1	4	0	32	49
STREP. INFECTION	0	8	1	106	201
SYPHILIS	19	28	15	504	484
TUBERCULOSIS	11	21	4	232	233
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	3

	1966	1965
DEATHS RECORDED FOR THE WEEK	183	178
BIRTHS RECORDED FOR THE WEEK	319	396

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ELLIS D. SOX, M.D., DIRECTOR JUL 11 1966 JULY 11, 1966

SWIMMING POOL SAFETY

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In San Francisco there are 12 public and 80 semi-public pools, the latter belonging to clubs, hotels, motels and apartment houses for use by guests and members. Add to this total those of various sizes and kinds located in the yards of private homes, the magnitude of the potential safety hazards involved is apparent to all. These backyard pools in particular, present a special problem because they place upon the uninformed home pool owner the safety responsibilities previously relegated to trained lifeguards.

Before installing a pool, local health and safety regulations should be checked. These include provision for proper fencing, sanitation, drainage, structural stability, proper distance from property and power lines and other precautions. Fences and gates should be adequate to prevent youngsters entering, unknown to the owner when the pool is unattended. Equipment for assistance to swimmers in distress should be kept handy at the poolside. Extreme caution should be exercised with lighting equipment and electric appliances used in and about the pool.

Anyone may at sometime be called on to help revive a person who has been pulled unconscious from a swimming pool. Being able to apply the few simple steps involved in mouth-to-mouth artificial respiration may mean the difference between life and death in such a case. The primary purpose of this method is to get air to the victim as quickly and effectively as possible by blowing air into his lungs. This technique provides two or three times the amount of air provided by older manual methods and is so simple that almost anyone, including a child, can learn it. An illustrated leaflet outlining the steps involved in this method may be obtained from the Bureau of Health Education, San Francisco Department of Public Health, 101 Grove Street, San Francisco.

STATISTICAL REPORT FOR THE 27th WEEK ENDING JULY 8, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965	CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	15	28	2	617	375	PERTUSSIS	0	1	0	13	9
DIPHTHERIA	0	0	0	1	0	POLIOMYELITIS	0	0	0	0	0
GONORRHEA	151	120	58	3569	2881	RHEUMATIC FEVER	0	0	0	1	6
HEPATITIS, INF.	3	4	1	92	77	SALMONELLOSIS	0	4	0	48	47
INFLUENZA	0	0	0	75	6	SHIGELLOSIS	4	3	0	36	50
MEASLES	3	69	2	372	505	STREP. INFECTION	4	5	0	110	201
MENINGOCOCCAL INF.	0	1	0	22	14	SYPHILIS	17	30	13	521	504
MENINGITIS, OTHER	0	2	0	13	11	TUBERCULOSIS	8	10	3	240	239
MUMPS	4	13	1	311	545	TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

MENINGITIS, H. INFLUENZA 1

	1966	1965
DEATHS RECORDED FOR THE WEEK	152	150
BIRTHS RECORDED FOR THE WEEK	193	299

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DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JULY 18, 1966

POISON OAK

California's most common poisonous plant, poison oak, grows abundantly throughout most of our vacation areas. It is usually seen growing as an erect shrub, two to six feet tall on roadside banks, or it may be found trailing along the ground or entwined around trees and fences. The plant can be readily recognized by its pattern of three glossy uneven leaves which have a tough leathery appearance. The shiny green color of the leaves become splotched with red in early summer, becoming solid red in late summer and fall.

The skin rash, swelling, and blisters resulting from contact with poison oak is an allergic reaction causing itching, pain, and discomfort. The reaction is due to the tiny oil droplets secreted by the plant, which are then spread by direct contact with the plant or by indirect contact with contaminated objects, including the clothing worn, with animals or by transmission from the hands to other parts of the body. Smoke containing the vapor of the toxin can bring about the symptoms in sensitized people. The rash may appear in a few hours to five days or more after contact. The condition usually is not serious, and the duration varies with the amount of exposure and the individual's degree of sensitivity. Usually a person is well in two or three weeks.

The best means of preventing the reaction is to learn to recognize the plant and then to make every effort to avoid contact with it or with any object which may have become contaminated with its oily secretion. Bathing with soap may provide some lessening of the allergic reaction. To be most effective, such baths should be taken as soon as possible after exposure. With very sensitive people even a delay of two hours may be too long. Preventive measures before exposure include wearing clothing to cover most of the body surface, applying a protective cream to exposed areas and taking injections or drops of a desensitizing agent if a physician so advises. If treatment is needed, see your doctor.

STATISTICAL REPORT FOR THE 28th WEEK ENDING JULY 15, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	7	18	4	624	391
DIPHTHERIA	0	0	0	1	0
GONORRHEA	129	95	62	3698	2976
HEPATITIS, INF.	5	8	1	96	82
INFLUENZA	0	0	0	75	6
MEASLES	3	36	2	375	507
MENINGOCOCCAL INF.	0	1	0	22	14
MENINGITIS, OTHER	0	2	0	13	12
MUMPS	4	11	5	315	550

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	2	0	0	15	9
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	1	6
SALMONELLOSIS	0	2	1	48	48
SHIGELLOSIS	4	3	0	40	52
STREP. INFECTION	0	4	0	110	204
SYPHILIS	25	23	10	546	518
TUBERCULOSIS	4	12	2	244	248
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

HEPATITIS, VIRAL	1
PNEUMONIA	2
TUBERCULOSIS	1

	1966	1965
BIRTHS RECORDED FOR THE WEEK	153	213
DEATHS RECORDED FOR THE WEEK	303	392

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

JULY 25, 1966

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TETANUS

Tetanus is one of the most dangerous diseases that can strike a human being. Antibiotics or other treatment offer limited help in a full-blown case, with about 60 per cent of those afflicted by the disease dying. Yet by means of immunization, tetanus is almost completely preventable. The seeds, or spores, of tetanus can be found in the cultivated soils of most areas of the United States. They can be picked up by plants or animals, and introduced into the victim's body by something as seemingly inconsequential as the scratch of a thorn.

Once they enter the body, these spores "hatch" into tiny, microscopic bacteria which begin to multiply. In the process, they liberate one of the deadliest of all poisons, which attacks the nerve centers causing convulsions and muscle spasms--some so severe that victims have been known to fracture their spine. Usually the first nerves affected are those of the head and neck which control the chewing muscles. These turn rigid with spasm, giving the disease its familiar name--"lockjaw." In a clean, free-bleeding cut any tetanus spores which might contaminate the wound are usually washed out. Or if they do sprout into bacteria, the micro-organisms may be destroyed by oxygen in the blood. But when blood flow is slight, as in deep puncture or crushing wounds, or when the spores are insulated from this oxygen by imbedded dirt and debris, the tetanus bacteria may gain a deadly foothold within the body. This is because the tetanus bacteria cannot live in the presence of air.

While millions of babies have been innoculated against tetanus, the fact remains that about three-fourths of the adult population is lacking in immunity as the protection offered by immunization wears off after several years. Protection should be early - starting a couple of months after birth--for the scrapes and falls of childhood offer tetanus many opportunities. In children, as well as adults, immunity is initiated by a series of two or three shots at 3 to 6 week intervals depending upon the preparation used and followed by a booster dose within six to twelve months. Thereafter, immunity is maintained by a booster shot every five or ten years, and at the time of injury.

STATISTICAL REPORT FOR THE 29th WEEK ENDING JULY 22, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	1	20	2	625	393
DIPHTHERIA	0	0	0	1	0
GONORRHEA	162	120	59	3860	3096
HEPATITIS, INF.	6	6	0	102	83
INFLUENZA	0	1	0	75	6
MEASLES	2	32	5	377	512
MENINGOCOCCAL INF.	0	1	0	22	14
MENINGITIS, OTHER	0	0	0	13	12
MUMPS	4	12	3	319	553

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	1	2	0	16	9
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	1	0	1	6
SALMONELLOSIS	1	6	0	49	52
SHIGELLOSIS	2	6	0	42	58
STREP. INFECTION	0	5	1	110	208
SYPHILIS	10	25	13	556	534
TUBERCULOSIS	6	9	4	250	256
TYPHOID FEVER	0	1	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES

PNEUMONIA	1

	1966	1965
DEATHS RECORDED FOR THE WEEK	150	188
BIRTHS RECORDED FOR THE WEEK	286	357

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — AUGUST 1, 1966

RANKING CAUSES OF DEATH FOR SAN FRANCISCO WHITES, NEGROES AND CHINESE AND RATES PER 100,000 ESTIMATED POPULATION, 1965

	WHITE		NEGROES		CHINESE	
	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE
ALL CAUSES	8645	1476.5	591	649.5	320	751.2
Heart Diseases	3251	555.3	127	139.6	96	225.4
Malignant Neoplasms	1667	284.7	91	100.0	78	183.1
Vascular Lesions of CNS	883	150.8	49	53.8	32	75.1
Cirrhosis of Liver	484	82.7	50	54.9	8	18.8
Accidents	399	68.1	54	59.3	12	28.2
Influenza and Pneumonia	235	40.1	21	23.1	8	18.8
Suicides	191	32.6	2	2.2	10	23.5
Arteriosclerosis	178	30.4	7	7.7	4	9.4
Diseases of Circulatory Syst.	166	28.4	17	18.7	10	23.5
Emphysema	140	23.9	5	5.5	8	18.8
Diseases of Early Infancy	125	21.3	44	48.4	3	7.0
Diabetes	106	18.1	11	12.1	6	14.1
Ulcers, Stomach and Duodenum	70	12.0	3	3.3	7	16.4
Congenital Malformations	51	8.7	12	13.2	3	7.0
Tuberculosis	47	8.0	4	4.4	7	16.4
Diseases of Kidney	45	7.7	8	8.8	1	2.3
Hernia, Intestinal Obstr.	44	7.5	4	4.4	4	9.4
Homicide	42	7.2	20	22.0	1	2.3

Diseases of the heart and cancer are the principal causes of death in the three listed ethnic groups in San Francisco. Rates for whites are considerably higher than either of the other groups because of the greater number of middle-aged and elderly in the white population. Vascular lesions of the C.N.S., the third cause of death among whites and Chinese, is fifth among Negroes, being exceeded in that group by accidents and cirrhosis of the liver. Although the rate among Negroes for certain diseases of early infancy is still more than twice as high as for whites, the rate was much lower in 1965 than in previous years. The death rate for tuberculosis among the Chinese remains more than twice that for whites.

STATISTICAL REPORT FOR THE 30th WEEK ENDING JULY 29, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965	CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	5	5	3	630	396	PERTUSSIS	0	3	0	16	10
DIPHTHERIA	0	0	0	1	0	POLIOMYELITIS	0	0	0	0	0
GONORRHEA	142	123	52	4002	3219	RHEUMATIC FEVER	0	1	0	1	6
HEPATITIS, INF.	2	3	0	104	84	SALMONELLOSIS	0	5	0	49	52
INFLUENZA	0	4	0	75	6	SHIGELLOSIS	7	2	0	49	59
MEASLES	4	21	5	381	517	STREP. INFECTION	2	2	1	112	209
MENINGOCOCCAL INF.	0	2	0	22	15	SYPHILIS	30	15	12	586	549
MENINGITIS, OTHER	0	1	0	13	13	TUBERCULOSIS	6	14	7	255	265
MUMPS	13	12	2	332	555	TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 5

	1966	1965
DEATHS RECORDED FOR THE WEEK	140	194
BIRTHS RECORDED FOR THE WEEK	256	350

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ELLIS D. COX, M.D., DIRECTOR AUGUST 8, 1966

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THE BABY SITTER AND CHILD PROTECTION

One of the customs of our American way of life is the widespread use of baby sitting services. As the family unit has gradually contracted,with grandparents and other family members maintaining separate living quarters, more and more parents have called in outsiders to "sit" with the children. In spite of this general practice, many parents are uneasy about leaving their children. They ask themselves - what if there is an emergency? Is there anything we can do to insure the safety of our children? This concern is real since statistics show that during 1965, 37.5% accidental deaths to San Francisco children under five years of age occurred in the home. These figures serve to emphasize the importance of supervision not only on the part of parents but of others including baby sitters who have custody of children. What are some of the things that parents can do to help baby sitters observe proper protective measures? Both written and verbal instruction should include:

(1) Where the parents will be, when they will be back, and how they can be reached.
(2) Phone numbers of the doctor, fire and police departments, the Emergency Hospital service, and a neighbor's phone.
(3) The location of first aid supplies and how the sitter should treat a slight cut or burn.
(4) Safety reminders children most frequently need; stay away from stoves, stairs, windows, etc.
(5) Keep scissors, pins, matches, medicines, poisons and other dangerous objects out of the child's reach.
(6) Use stove and other gas or electric appliances in a safe manner.
(7) Never leave a child in the bathtub while answering the telephone or doorbell.
(8) Know who, if anyone, should be admitted into the home during the parents' absence.

STATISTICAL REPORT FOR THE 31st WEEK ENDING AUGUST 5, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965	CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	8	6	1	638	397	PERTUSSIS	1	2	0	17	10
DIPHTHERIA	0	0	0	1	0	POLIOMYELITIS	0	1	0	0	0
GONORRHEA	152	89	41	4154	3308	RHEUMATIC FEVER	0	0	0	1	6
HEPATITIS, INF.	6	3	0	110	87	SALMONELLOSIS	3	3	2	52	54
INFLUENZA	0	0	0	75	6	SHIGELLOSIS	1	4	0	50	63
MEASLES	5	12	3	386	521	STREP. INFECTION	0	4	1	112	210
MENINGOCOCCAL INF.	0	0	0	22	15	SYPHILIS	14	24	6	600	563
MENINGITIS, OTHER	1	1	0	14	13	TUBERCULOSIS	5	18	5	259	270
MUMPS	8	10	2	340	557	TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:			1966	1965
PNEUMONIA	4	DEATHS RECORDED FOR THE WEEK	197	201
		BIRTHS RECORDED FOR THE WEEK	311	396

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

AUGUST 15, 1966

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HEALTH QUACKERY

Health quackery is big business. Each year millions of dollars are spent and thousands of people die looking for short cuts to better health. The United States Public Health Service calls it "a leading public health problem."

Some of these "healers" despite overwhelming scientific proof to the contrary, maintain that all diseases have a single cause and that appendicitis, heart disease, and cancer, for example, can all be cured by a single method. To impress the credulous, many use fantastic devices with countless tubes and wires, shiny cylinders and complicated dials. Others advertise their individual nostrums as cure-alls, or have an "atomic treatment," a "radiation cure," a new diet or some other bizarre scheme with no basis in fact. These self-styled "doctors" prey on all, but those who are particularly vulnerable are the unfortunate group of desperate people who are incurably sick. Thriving on ignorance, they arouse false hope with their guaranteed curs. In many instances illness is actually prolonged in those who might otherwise be cured by a competent, qualified physician. Six indicators by which health quacks can be spotted are:

1. The "quack" uses a special or "secret" formula or machine that he claims can cure disease.
2. He promises a quick or easy cure.
3. He advertises, using "case histories" or testimonials to impress people.
4. He refuses to accept the long established methods of scientific research and proof. He refuses to acknowledge that only through true scientific research can cause and cure of disease be determined, yet clamors constantly for "medical investigation" and recognition.
5. He claims medical men are persecuting him or that they are afraid of his competition.
6. He claims that his method of treatment is better than surgery, x-ray or drugs.

When in doubt, ask your family doctor or consult your County Medical Society. Knowledge is your best weapon against the quack.

STATISTICAL REPORT FOR THE 32d WEEK ENDING AUGUST 12, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965	CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	0	13	1	638	404	PERTUSSIS	2	2	0	19	10
DIPHTHERIA	0	0	0	1	0	POLIOMYELITIS	0	0	0	0	0
GONORRHEA	159	157	69	4313	3465	RHEUMATIC FEVER	0	0	0	1	6
HEPATITIS, INF.	5	2	1	115	89	SALMONELLOSIS	1	3	0	53	55
INFLUENZA	0	1	0	75	6	SHIGELLOSIS	1	2	0	51	65
MEASLES	3	10	5	389	529	STREP. INFECTION	1	4	0	113	214
MENINGOCOCCAL INF.	2	1	0	24	16	SYPHILIS	20	21	14	620	579
MENINGITIS, OTHER	2	1	0	15	14	TUBERCULOSIS	9	12	7	268	279
MUMPS	4	12	2	344	564	TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
PNEUMONIA	4
MENINGITIS, OTHER	2
SEPTICEMIA	1

	1966	1965
DEATHS RECORDED FOR THE WEEK	186	163
BIRTHS RECORDED FOR THE WEEK	312	329

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ELLIS D. SOX, M.D., DIRECTOR

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AUGUST 22, 1966

OUR VOLUNTEER PARTNERS

Each year the Health Department's volunteers give their time, talents, understanding and actual physical effort to aid in the operation of our health centers, institutions and clinics. They serve as shoppers, visitors, messengers, and chauffeurs; they assist in our administrative and clerical offices and clinics; they help in the supply and record rooms, act as receptionists, wheel patients to and from wards, do sewing, and in scores of other ways continually supplement the staff in their role of providing their officially defined duties.

These volunteers, men and women, young and old, come from many walks of life and represent a fair cross-section of the community. They include housewives, employed persons, independent professional people, students, teenagers, and retired people. They serve because they feel an obligation to help others, to belong, or through a desire to do what they can to further a worthy cause. They feel a need to use their talents and time profitably, or to make a return to society for the good fortune they themselves experienced in life. However varied the motives which inspire them, our volunteers constitute an integral part of the Health Department. The collaboration of their services enables us to fulfill our obligation toward meeting the many human needs in the community.

The volunteer partners are much more than an auxiliary labor force. They also serve as our connecting link with the community. As members of other groups and associations, they are able to bring the community's point of view to the professional health worker. In turn, as their awareness of the Health Department's role in the community grows, they are able to interpret our policies and functions to their friends and neighbors.

Day after day, week after week, volunteers report faithfully. To acknowledge our debt and our gratitude individually is an impossibility. However, we can and do express our gratitude for their efforts on behalf of the less fortunate, and to say that they deserve the support and cooperation of the entire community.

STATISTICAL REPORT FOR THE 33rd WEEK ENDING AUGUST 19, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	1	7	2	639	406
DIPHTHERIA	0	0	0	1	0
GONORRHEA	189	144	57	4502	3609
HEPATITIS, INF.	2	7	1	117	95
INFLUENZA	0	0	0	75	6
MEASLES	3	19	1	392	531
MENINGOCOCCAL INF.	2	1	0	26	16
MENINGITIS, OTHER	1	1	0	17	15
MUMPS	9	11	1	353	567

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	0	2	0	19	10
POLIOMYELITIS	0	1	0	0	0
RHEUMATIC FEVER	0	0	0	1	6
SALMONELLOSIS	1	3	1	54	56
SHIGELLOSIS	1	5	0	52	66
STREP. INFECTION	4	11	2	117	216
SYPHILIS	33	30	12	653	609
TUBERCULOSIS	5	10	7	272	289
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
PNEUMONIA	2
TUBERCULOSIS	1

	1966	1965
DEATHS RECORDED FOR THE WEEK	217	162
BIRTHS RECORDED FOR THE WEEK	263	276

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DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR AUGUST 29, 1966

INFLUENZA IMMUNIZATION

The U.S. Public Health Service Advisory Committee on Immunization Practices reminds us that those who desire protection against influenza should begin their immunizations shortly. In view of the high incidence of disease this past year, a major influenza outbreak is unlikely in San Francisco. However, there are groups of people particularly susceptible to the disease, with a higher incidence of serious complications who should be immunized against the disease each year.

Immunization is generally recommended for persons who suffer from chronic cardiovascular, pulmonary, renal or metabolic diseases, as well as those over 65 years of age. Patients residing in nursing homes, chronic disease hospitals and other such environments should also be considered, since their crowded living arrangements may allow greater spread of disease once an outbreak has been established.

An adequate level of immunity may be secured by taking two injections of the influenza vaccine, the second injection six to eight weeks after the first. Because the immunity takes some weeks to develop, those in need of protection should plan to begin soon after September 1, and to have them completed by mid-December. For those who have had their last influenza immunization since July 1963, only a single "booster" dose is necessary. Since the vaccine used is produced in eggs, it should not be given to those who are allergic to eggs or egg products.

Whether immunization is done or not, there are basic preventive measures which all should follow: Avoid fatigue and maintain an adequate diet; cover coughs and sneezes with a handkerchief or tissue since influenza is most easily transmitted during the early stages and care should be taken to control the airborne spread of infection. If symptoms start, go to bed. If the illness turns out to be nothing more than a common cold, you will get well sooner; meantime, you will not have spread your disease to others. Keep warm and out of drafts. If you have a fever, call your doctor.

STATISTICAL REPORT FOR THE 34th WEEK ENDING AUGUST 26, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	3	4	0	642	406
DIPHTHERIA	0	0	0	1	0
GONORRHEA	134	82	42	4636	3691
HEPATITIS, INF.	3	4	1	120	98
INFLUENZA	0	3	0	75	6
MEASLES	7	5	0	399	534
MENINGOCOCCAL INF.	0	0	0	26	16
MENINGITIS, OTHER	2	2	0	19	17
MUMPS	4	8	1	357	568

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	0	0	0	19	10
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	1	6
SALMONELLOSIS	3	3	0	57	56
SHIGELLOSIS	1	2	0	53	66
STREP. INFECTION	0	7	1	117	217
SYPHILIS	40	27	12	693	625
TUBERCULOSIS	7	14	5	279	294
TYPHOID FEVER	0	1	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
PNEUMONIA	4
TUBERCULOSIS	1

	1966	1965
DEATHS RECORDED FOR THE WEEK	191	174
BIRTHS RECORDED FOR THE WEEK	220	399

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WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR SEPTEMBER 6, 1966

LEADING CAUSES OF DEATH, SAN FRANCISCO RESIDENTS, 1965 and 1964
RATES PER 100,000 ESTIMATED POPULATION

	1965		1964	
	NUMBER	RATE	NUMBER	RATE
ALL CAUSES	9,704	1293.0	9,598	1270.1
Heart Disease	3,509	467.6	3,537	468.0
Malignant Neoplasms	1,868	248.9	1,728	228.7
Vascular Lesions of C.N.S.	977	130.2	904	119.6
Cirrhosis of the Liver	548	73.0	469	62.1
Accidents	471	62.8	535	70.8
Influenza and Pneumonia	269	35.8	367	48.6
Suicides	206	27.4	211	27.9
Arteriosclerosis	193	25.7	163	21.6
Diseases of Early Infancy	187	24.9	188	24.9
Emphysema	153	20.4	169	22.4
Diabetes	128	17.1	107	14.2
Aortic Aneurysms	94	12.5	94	12.4
Ulcers of Stomach, Duodenum	82	10.9	90	11.9
Congenital Malformations	68	9.1	60	7.9
Homicides	64	8.5	49	6.5
Tuberculosis	61	8.1	60	7.9

The number of deaths of San Francisco residents in 1965 increased 1.1% over 1964. Diseases of the heart were responsible for nearly 5 deaths in every 1,000, cancer increased from about 2¼ deaths per 1,000 to 2½. Eight percent more deaths were due to ulcers in 1965 than during the year before. Accidents, the fourth cause for three straight years, took fifth place in 1965, yielding to cirrhosis of the liver which for the second time since 1960 ranked ahead of accidents. Deaths due to influenza and pneumonia dropped sharply, partly because deaths due to arteriosclerosis, the eighth cause, and diabetes, the eleventh cause, increased.

STATISTICAL REPORT FOR THE 35th WEEK ENDING SEPTEMBER 2, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	2	9	0	644	415
DIPHTHERIA	0	0	0	1	0
GONORRHEA	133	165	64	4769	3856
HEPATITIS, INF.	1	10	1	120	108
INFLUENZA	0	2	0	75	7
MEASLES	4	6	1	403	539
MENINGOCOCCAL INF.	1	0	0	27	16
MENINGITIS, OTHER	0	2	0	19	19
MUMPS	1	20	3	358	572

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	0	2	0	19	10
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	1	0	1	6
SALMONELLOSIS	4	4	1	61	57
SHIGELLOSIS	2	6	1	55	67
STREP. INFECTION	0	7	0	117	217
SYPHILIS	22	32	15	715	649
TUBERCULOSIS	9	17	6	287	304
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	2
SYPHILIS	1

	1966	1965
DEATHS RECORDED FOR THE WEEK	159	221
BIRTHS RECORDED FOR THE WEEK	301	418

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ELLIS D. SOX, M.D., DIRECTOR — SEPTEMBER 12, 1966

EPILEPSY

Epilepsy is a condition in which the person is affected by sudden transitory and recurrent alterations of brain function, due to a disorder of brain activity. During these episodes, there may be a disturbance of consciousness and sensation, and there are often associated muscular movements. Any number of symptoms may indicate this condition, depending upon what part of the brain. Episodes of epilepsy are also called seizures, convulsions or spasms and sometimes known as "fits", "spells" or "attacks."

Epilepsy may be classified into two general types. About half of the persons who have epilepsy have a type which is called "acquired" or "secondary" epilepsy, and in this group are the kinds of epilepsy for which we know the probable cause. Most frequent are previous brain injury and damage due to actual bruising, hemorrhage, or lack of oxygen. Severe head injuries as the result of automobile accidents, falls or boxing trauma may result in epilepsy. The other half of the persons with epilepsy have a type for which the cause is not known. Epilepsy is not considered hereditary, although the tendency or pre-disposition may be found in certain types. Epilepsy does not cause insanity or feeblemindedness. The intelligence of persons with epilepsy parallels that of the general population.

Epilepsy may manifest itself in a number of forms, depending upon what portion of the brain is involved. The two better known forms are called petit mal, with very brief moments of unawareness, and grand mal, characterized by more severe seizures with the person falling and making pronounced involuntary movements. With modern diagnosis and treatment, 50-60 percent of persons with epilepsy can become completely free of seizures. An additional 25-30 percent can achieve considerable improvement by a reduction in frequency and severity of seizures.

STATISTICAL REPORT FOR THE 36th WEEK ENDING SEPTEMBER 8, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	11	7	1	655	417
DIPHTHERIA	0	0	0	1	0
GONORRHEA	150	116	67	4919	3972
HEPATITIS, INF.	3	5	2	122	111
INFLUENZA	0	0	0	75	7
MEASLES	1	5	0	404	541
MENINGOCOCCAL INF.	0	2	0	27	17
MENINGITIS, OTHER	0	1	0	19	19
MUMPS	6	4	0	364	574

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	0	2	0	19	10
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	1	6
SALMONELLOSIS	3	4	1	64	58
SHIGELLOSIS	0	4	1	55	58
STREP. INFECTION	1	1	0	118	218
SYPHILIS	26	22	5	741	666
TUBERCULOSIS	10	9	3	297	313
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 7

	1966	1965
DEATHS RECORDED FOR THE WEEK	138	130
BIRTHS RECORDED FOR THE WEEK	210	215

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WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR SEPTEMBER 19, 1966

THE CHILD PSYCHIATRIC CLINIC
COMMUNITY MENTAL HEALTH SERVICES

The Child Psychiatric Clinic, located at 1500 Grove Street, is an "open-door clinic" for helping San Francisco children up to 18 years of age and their families, who singly or collectively, are having emotional, behavioral, or interpersonal problems. Historically, this is one of the oldest of such clinics, having served the city since 1917, when it was known as the Mental Hygiene Division of the Health Department. Recently, it has opened two branch clinics, one in Chinatown, and one in Hunters Point.

The major functions of this clinic deal with adjustment problems of children and their families and include such difficulties as parent-child relationships; chronic fearfulness; psychosomatic symptoms; stealing; depressions; learning problems; truancy; excessive fighting; sexual offenses; nail-biting; bedwetting; tantrums and stammering. A range of services are also offered to parents of mentally retarded children, including counselling and other direct services as well as help in preparing and filing applications for admissions to Sonoma State Hospital.

About one fourth of the patients who come to the clinic are self-referred, and the remainder are largely referred by public health nurses. Any family, private or public agency or physician can refer patients. The fees are nominal and may be waived if necessary. The first few appointments are used to determine what kind of help is needed and to explain what services can be offered. If services other than those provided by the clinic are required (e.g. hospitalization) the patient is referred elsewhere. If accepted at the clinic, the patient is assigned to the most appropriate therapy and most patients are seen on a one hour, once a week basis.

The clinic, which is a unit of the Community Mental Health Services, is open each day from 8:00 A.M. to 5:00 P.M., Monday through Friday. Some evening appointments are also available. A psychiatric social worker can be reached at any time during these hours. Further information regarding emergency services can be obtained by phoning KL 8-3994.

STATISTICAL REPORT FOR THE 37th WEEK ENDING SEPTEMBER 16, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	3	3	1	658	420
DIPHTHERIA	0	0	0	1	0
GONORRHEA	145	126	60	5064	4072
HEPATITIS, INF.	4	16	1	126	113
INFLUENZA	0	0	0	75	7
MEASLES	4	8	0	408	541
MENINGOCOCCAL INF.	0	1	0	27	17
MENINGITIS, OTHER	0	4	0	19	19
MUMPS	5	6	1	369	575

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	1	2	0	20	10
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	1	6
SALMONELLOSIS	3	4	0	67	60
SHIGELLOSIS	0	3	0	55	68
STREP. INFECTION	2	6	1	120	224
SYPHILIS	24	30	9	765	675
TUBERCULOSIS	4	15	3	301	321
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	3
SYPHILIS	1

	1966	1965
DEATHS RECORDED FOR THE WEEK	182	208
BIRTHS RECORDED FOR THE WEEK	307	407

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ELLIS D. SOX, M.D., DIRECTOR SEPTEMBER 26, 1966

PINWORM DISEASE

It is estimated that approximately 20% of the general population is infected with pinworms - the rate being highest in school and pre-school aged children and much lower in adults. As it is not a reportable disease, the Health Department has no specific figures as to incidence and prevalence of the disease in San Francisco. Nor has the Department been advised of any recent outbreaks in schools or comparable institutions.

The worm is small - 1/3 to 1/2 inch long - and can be found in the stool. The disease is usually mild with little or no symptoms. More severe infestations are associated with general irritability, itching between the buttocks, and local irritation from scratching.

The disease is transmitted by swallowing the egg which may have contaminated clothing, bedding, food, or other articles. Crowding is an important factor in transmission and therefore it is common practice to treat all members of the household simultaneously. Spread of the disease outside of the household is primarily by a child having the eggs on his fingers, as a result of scratching the infested perianal area, and by not thoroughly washing his hands after a bowel movement. The fingers transmit the egg to articles of play which may end up in another child's mouth, or by contaminating the second child's fingers which likewise end up in the mouth.

A parent should instill in his child sanitary toilet training followed by handwashing, and discourage placing articles in the mouth, including fingers. Under the doctor's control, treatment is relatively easy - but re-infection must be prevented if a "cure" is to be accomplished.

STATISTICAL REPORT FOR THE 38th WEEK ENDING SEPTEMBER 23, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	1	14	2	659	423
DIPHTHERIA	0	0	0	1	0
GONORRHEA	127	187	59	5190	4259
HEPATITIS, INF.	11	9	1	137	119
INFLUENZA	0	2	0	75	7
MEASLES	1	8	2	409	543
MENINGOCOCCAL INF.	0	2	0	27	18
MENINGITIS, OTHER	0	3	0	19	19
MUMPS	3	28	3	372	580
PERTUSSIS	2	0	0	22	10
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	1	0	1	6
SALMONELLOSIS	3	7	0	70	63
SHIGELLOSIS	4	2	1	59	70
STREP. INFECTION	2	5	0	122	229
SYPHILIS	18	24	11	783	699
TUBERCULOSIS	5	9	2	306	326
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

			1966	1965
PNEUMONIA	5	DEATHS RECORDED FOR THE WEEK	187	205
		BIRTHS RECORDED FOR THE WEEK	354	398

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DEATHS FROM IMPORTANT CAUSES
SAN FRANCISCO, CALIFORNIA* AND UNITED STATES, 1965

CAUSE OF DEATH	RATE PER 100,000 POPULATION			PERCENT OF TOTAL DEATHS		
	S.F.	Cal.*	U.S.	S.F.	Cal.*	U.S.
ALL CAUSES	1293.0	826.8	941.6	100.0	100.0	100.0
Heart Diseases	467.6	313.3	364.7	36.2	37.9	38.7
Malignant Neoplasms	248.9	136.5	152.9	19.2	16.5	16.2
Vascular Lesions, C.N.S.	130.2	86.7	104.6	10.1	10.5	11.1
Cirrhosis of Liver	73.0	19.5	12.5	5.6	2.4	1.3
Accidents	62.8	54.5	55.2	4.9	6.6	5.9
Influenza and Pneumonia	35.8	27.1	31.6	2.8	3.3	3.4
Suicides	27.4	16.7	11.6	2.1	2.0	1.2
Diseases of Early Infancy	24.9	27.6	28.3	1.9	3.3	3.0
Arteriosclerosis	25.7	15.8	19.4	2.0	1.9	2.1
Emphysema	20.4	12.6	10.3	1.6	1.5	1.1
Diabetes	17.1	10.1	17.1	1.3	1.2	1.8
Aortic Aneurysms	12.5	7.2	5.3	1.0	0.9	0.6

* Provisional 1964 Figures.

In 1965, San Francisco, California and the country as a whole had the same three leading causes of death, viz., heart diseases, malignant neoplasms and vascular lesions of the central nervous system. Accidents, traditionally the fourth cause of death in San Francisco, was replaced by cirrhosis of the liver, which is the seventh cause of death in California and ninth in the United States. Emphysema, in ninth place in 1964, reverted to tenth place last year.

STATISTICAL REPORT FOR THE 39th WEEK ENDING SEPTEMBER 30, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
Chickenpox	5	5	0	664	423
Diphtheria	0	0	0	1	0
Gonorrhea	160	140	69	5350	4399
Hepatitis, Inf.	2	4	2	139	123
Influenza	1	2	0	76	7
Measles	1	43	0	410	546
Meningococcal Inf.	0	1	0	27	18
Meningitis, Other	0	1	0	19	19
Mumps	7	9	2	379	582
Pertussis	0	1	0	22	10
Poliomyelitis	0	0	0	0	0
Rheumatic Fever	0	0	0	1	6
Salmonellosis	3	13	0	73	71
Shigellosis	0	7	0	59	71
Strep. Infection	0	5	1	122	230
Syphilis	26	29	19	809	718
Tuberculosis	14	9	2	320	328
Typhoid Fever	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Pneumonia	3
Tuberculosis	1

	1966	1965
Deaths recorded for the week	175	159
Births recorded for the week	387	396

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ELLIS D. SOX, M.D., DIRECTOR

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FLEA BITES

Fleas are small insects which feed on animal or human blood, without which they can neither breed nor survive. Though some species are capable of transmitting disease, the principal cause for complaint in the Bay Area counties results from the painful itching caused by flea bites occurring most frequently during the summer and fall months. Most of the complaints are due to the cat and dog flea, and to a lesser extent, the human flea.

A concentration of bites on the lower part of the legs usually indicates the presence of fleas from a pet cat or dog in the home, and the infestation can be traced to the area of the house where the animal spends most of its time. Where there is no household pet, a sudden appearance of fleas may be due to a stray animal which had its litter under the house, in the basement or some similar place and upon departure, its fleas are left behind to bite man. The bites of the human flea, are characteristically distributed over the entire body rather than on the legs. Moreover, these fleas are more apt to be found in the bed or bedroom than in other parts of the house and examination will frequently reveal the tell-tale "flea spots" in the bedding.

The best way to prevent flea infestation in the home is to stop it at its source. Any pet shop can supply an insecticide dust which will be effective in killing fleas when applied directly to dogs or cats. In addition, the infested rooms and household areas frequented by pets should be thoroughly cleaned with a vacuum cleaner to remove debris in which flea larvae may hide or on which they might feed. This should include carpets, rugs, upholstered furniture and similar materials. The directions on the insecticide container should be read and precautions carefully followed. Finally, after each use, the container should be tightly sealed and put well out of the sight and reach of children.

STATISTICAL REPORT FOR THE 40th WEEK ENDING OCTOBER 7, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	2	10	0	666	423
DIPHTHERIA	0	0	0	1	0
GONORRHEA	148	136	82	5498	4535
HEPATITIS, INF.	2	6	1	140	129
INFLUENZA	0	2	0	76	7
MEASLES	7	7	0	417	546
MENINGOCOCCAL INF.	1	1	0	28	18
MENINGITIS, OTHER	1	4	1	20	20
MUMPS	2	11	1	381	590

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	1	1	0	23	10
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	1	0	1	6
SALMONELLOSIS	12	3	1	85	72
SHIGELLOSIS	1	2	0	60	71
STREP. INFECTION	1	3	0	123	232
SYPHILIS	23	26	17	832	735
TUBERCULOSIS	9	16	7	329	335
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

ENCEPHALITIS	1
MENINGITIS, PNEUMOCOCCAL	1
TUBERCULOSIS	1
PNEUMONIA	12

	1966	1965
DEATHS RECORDED FOR THE WEEK	165	222
BIRTHS RECORDED FOR THE WEEK	345	332

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ELLIS D. SOX, M.D., DIRECTOR — OCTOBER 17, 1966

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IMPORTANT CAUSES OF DEATH BY SEX, SAN FRANCISCO RESIDENTS, 1965

	MALE			FEMALE		
	NUMBER	RATE*	PERCENT	NUMBER	RATE*	PERCENT
ALL CAUSES	5586	1522.1	100.0	4118	1073.8	100.0
Heart Disease	2043	556.7	36.6	1466	382.3	35.6
Malignant Neoplasms	1029	280.4	18.4	839	218.8	20.4
Vascular Lesions of C.N.S.	446	121.5	8.0	531	138.5	12.9
Cirrhosis of the Liver	367	100.0	6.6	181	47.2	4.4
Accidents	317	86.4	5.7	154	40.1	3.7
Influenza and Pneumonia	154	42.0	2.8	115	30.0	2.8
Suicide	133	36.2	2.4	73	19.0	1.8
Emphysema	127	34.6	2.3	26	6.8	0.6
Diseases of Early Infancy	107	29.2	1.9	80	20.9	1.9
Arteriosclerosis	86	23.4	1.5	107	27.9	2.6
Aortic Aneurysms	67	18.3	1.2	27	7.0	0.7
Diabetes	67	18.3	1.2	61	15.9	1.5
Ulcers, Stomach and Duodenum	62	16.9	1.1	20	5.2	0.5
Tuberculosis	53	14.4	0.9	8	2.1	0.2
Homicides	47	12.8	0.8	17	4.4	0.4
Congenital Malformations	42	11.4	0.7	26	6.8	0.6

* Per 100,000 Population

During 1965 the first 6 leading causes of death had the same rank order for both men and women although men had higher rates for all these causes except vascular lesions of the C.N.S. Rates for both sexes for cirrhosis of the liver increased, displacing accidents, the traditional fourth cause of death. Arteriosclerosis, tenth cause for men was the seventh cause for women. Suicides, seventh for men was the ninth cause for women, with a rate half as high. The male rate for emphysema, their eighth cause of death, was five times the rate for women.

STATISTICAL REPORT FOR THE 41st WEEK ENDING OCTOBER 14, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965	CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	0	15	0	666	423	PERTUSSIS	1	0	0	24	10
DIPHTHERIA	0	0	0	1	0	POLIOMYELITIS	0	0	0	0	0
GONORRHEA	169	142	72	5667	4677	RHEUMATIC FEVER	1	0	0	2	6
HEPATITIS, INF.	5	4	1	145	130	SALMONELLOSIS	1	5	1	86	74
INFLUENZA	0	3	0	75	7	SHIGELLOSIS	2	7	0	62	71
MEASLES	1	8	0	418	546	STREP. INFECTION	2	5	1	125	235
MENINGOCOCCAL INF.	0	1	0	28	18	SYPHILIS	23	56	14	855	753
MENINGITIS, OTHER	2	1	0	32	20	TUBERCULOSIS	10	11	2	339	341
MUMPS	10	23	4	391	594	TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 9

	1966	1965
DEATHS RECORDED FOR THE WEEK	184	177
BIRTHS RECORDED FOR THE WEEK	265	320

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ELLIS D. SOX, M.D., DIRECTOR — OCTOBER 24, 1966

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GLASS DOOR HAZARDS

Extensive use of large plates of glass in modern construction has added immeasurably to the enjoyment and comfort of the home. Sliding patio doors have extended the dimensions of indoor-outdoor living. Shower doors and tub enclosures have replaced drippy shower curtains.

While these materials have brought new comfort and pleasure into the home, they have also introduced hazards which affect all age groups. The majority of those injured in the home by glass doors are children. Usually the injured individual is in his own home and hurrying from one place to another, or slips while showering. The extent of the injury depends on (1) the type of glass and (2) how rapidly the person is moving when he contacts the glass. A person moving at a normal rate of speed gets only a hard bump. Slightly more speed can result in glass breakage causing cuts to head, arms and legs. If movement is rapid, the glass breaks and splinters and the resultant glass needles may penetrate face, arms and abdomen. Most of the people who have died in these accidents have bled to death from such glass needles before help could arrive.

To prevent such accidents in the home, the following precautions should be observed:

1. Watch where you're going - never assume a glass door is open!
2. Train children not to play near glass panels.
3. Remove scatter rugs, toys, etc., from glass door areas.
4. Place decals or pressure tape on glass at adult and at child's eye level.
5. Place slip-proof strips on bottom of shower area and place safety hand-grab bars on the wall.
6. The best defense is to install safety glass.

STATISTICAL REPORT FOR THE 42nd WEEK ENDING OCTOBER 21, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965	CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	6	7	0	672	423	PERTUSSIS	1	3	0	25	1[illegible]
DIPHTHERIA	0	0	0	1	0	POLIOMYELITIS	0	0	0	0	0
GONORRHEA	108	125	64	5775	4802	RHEUMATIC FEVER	0	0	0	2	6
HEPATITIS, INF.	7	16	4	151	146	SALMONELLOSIS	2	19	2	88	78
INFLUENZA	0	1	0	76	7	SHIGELLOSIS	1	13	1	63	42
MEASLES	3	15	0	421	546	STREP. INFECTION	4	6	3	129	241
MENINGOCOCCAL INF.	0	2	0	28	18	SYPHILIS	15	32	11	870	783
MENINGITIS, OTHER	0	2	0	22	22	TUBERCULOSIS	4	13	3	343	353
MUMPS	5	16	3	396	607	TYPHOID FEVER	0	0	0	[illegible]	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 6

	1966	1965
DEATHS RECORDED FOR THE WEEK	158	216
BIRTHS RECORDED FOR THE WEEK	362	395

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ELLIS D. SOX, M.D., DIRECTOR — OCTOBER 31, 1966

WELCOME TO MEMBERS OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

San Francisco again welcomes you as its guests at the Annual Meeting of the American Public Health Association. The Local Committee, under the joint chairmanship of the Director of Public Health of San Francisco and the Director of Public Health of the State of California, Dr. Lester Breslow, have made every effort to make your stay in San Francisco productive and enjoyable.

The Scientific Program looks excellent, and San Francisco offers you opportunities for scientific trips and for recreation far beyond that which you can find in most other areas this time of year. The main office of the San Francisco Department of Public Health is located just west of the Civic Auditorium, and you are welcome to visit our facilities at any time. Less than a mile from the Auditorium at Van Ness and Pacific Avenues is our Center for Special Problems operated by the Mental Health Division of the Department. This service started as an outpatient clinic for chronic alcoholics in 1951.

The State Department of Public Health in Berkeley offers you its facilities, University of California's School of Public Health in Berkeley and its school of Medicine in San Francisco welcome you. The Stanford University School of Medicine in Palo Alto is another facility that may interest you.

As for recreation, we have ordered the best possible climate. We are noted for our excellent eating places. We have a Zoo near the beach where you can see the Pacific Ocean. Golden Gate Park, a hundred per cent man-made park, with its art exhibits, arboretum, planetarium, and Japanese Gardens, invites you to come and "walk on the grass!"

Our Program Committee has arranged recreational trips of interest to all; and those of you who are living downtown are within walking distance of one of the greatest shopping districts in the country, and are only a few blocks from our famous Chinatown. Call at the Hospitality and Information Booth (Area 1105 on Polk Corridor, Aisle 1100) for information regarding any special service that you feel we may supply. We hope that you will have a wonderful time, because we are glad to have you with us.

STATISTICAL REPORT FOR THE 43rd WEEK ENDING OCTOBER 28, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	5	32	1	677	425
DIPHTHERIA	0	0	0	1	0
GONORRHEA	183	147	76	5958	4949
HEPATITIS, INF.	11	8	2	161	154
INFLUENZA	0	2	0	76	7
MEASLES	5	7	3	426	550
MENINGOCOCCAL INF.	0	1	0	28	19
MUMPS	7	24	3	403	623
MENINGITIS, OTHER	0	3	0	22	22

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	0	2	0	25	11
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	2	6
SALMONELLOSIS	2	6	0	90	78
SHIGELLOSIS	0	3	0	63	73
STREP. INFECTION	2	8	0	131	249
SYPHILIS	20	36	23	890	806
TUBERCULOSIS	11	20	5	354	373
TYPHOID	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABBE DISEASES:

MENINGOENCEPHALITIS	1
PNEUMONIA	5

	1966	1965
DEATHS RECORDED FOR THE WEEK	205	191
BIRTHS RECORDED FOR THE WEEK	275	387

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ENDIS D. SOLO M.D., DIRECTOR NOVEMBER 7, 1966

A WINTER HAZARD - GAS HEATERS

A large part of the mortality from gas poisoning occurs in and about the home, and the highest toll occurs during the autumn and winter months. Carbon monoxide, the most common agent of accidental poisoning, is an insidious gas which one cannot see, taste nor smell, nor does it give any warning of its presence. In most years the mortality from this type of gas begins to rise sharply in October and reaches its peak in December or January. The increase in fatalities with the advent of colder weather results primarily from the greater use of gas heating appliances in homes, rooming-houses, motels and hotels. Unlighted gas jets that are unintentionally left open, or not tightly closed, or have been extinguished by wind, as well as faulty automatic controls in gas appliances and heaters are common sources of this type of gas poisoning.

The law requires that all gas heaters be vented to the outside by connection to a flue or chimney. They must be of an approved type, properly installed by licensed dealers under permit and inspection of local government. If a gas appliance gives any indication of not working properly, it should be turned off immediately and a gas appliance expert called in.

The Department of Public Health urges all residents of San Francisco to check their gas appliances now for improper venting and faulty connections. And even if properly installed, the observance of safety rules in the use of gas appliances is necessary to prevent carbon monoxide poisoning, fire and explosion. The following simple preventive measures are recommended:

1. Use only properly vented and legally installed gas heaters and appliances.
2. Provide for ventilation by always keeping a window at least slightly open.
3. Place heaters away from furniture, drapes and clothing and make them inaccessible to children.

STATISTICAL REPORT FOR THE 44th WEEK ENDING NOVEMBER 4, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	1	11	3	678	429
DIPHTHERIA	0	0	0	1	0
GONORRHEA	180	134	48	6138	5083
HEPATITIS, INF.	4	4	1	165	157
INFLUENZA	0	2	0	76	7
MEASLES	2	23	1	428	551
MENINGOCOCCAL INF.	0	2	0	28	19
MENINGITIS, OTHER	2	5	0	24	22
MUMPS	25	19	3	428	626
PERTUSSIS	0	2	0	25	11
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	2	6
SALMONELLOSIS	2	19	1	92	82
SHIGELLOSIS	1	8	0	64	73
STREP. INFECTION	5	9	1	136	253
SYPHILIS	30	26	14	920	828
TUBERCULOSIS	5	17	5	359	380
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	1
SEPTICEMIA, MENINGOCOCCAL	1

	1966	1965
DEATHS RECORDED FOR THE WEEK	183	196
BIRTHS RECORDED FOR THE WEEK	329	344

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

NOVEMBER 14, 1966

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NATIONAL DIABETES WEEK, NOVEMBER 13 to 20

A week of November is set aside each year as National Diabetes Week to focus attention on this condition which continues to be an important public health problem, and ranks eleventh as a cause of death in San Francisco. Although it can develop at any age, it frequently appears among those over 40 years of age who are overweight, more often in women, particularly women who have large babies and more likely among those who have diabetic relatives. As we have a higher average age than surrounding Bay Area counties, we can reasonably expect to have a proportionately larger number of diabetics. On the basis of mass surveys performed in other parts of the United States, we are able to project that at least 2% of our population has the disease and probably about half of these are unaware of the fact.

Diabetes occurs when the body is unable to properly metabolize types of food, due to an insufficient supply of insulin. Because of this deficiency, sugar accumulates in the blood, causing the kidneys to work overtime in an effort to get rid of it. A diabetic person is likely to experience symptoms of being constantly tired, weak, thirsty, and hungry. Other symptoms may be changes in vision, boils and slow healing of cuts and wounds. Older persons in whom these symptoms appear may erroneously attribute them to advancing age or to other causes, and the disease remains unchecked until the person presents himself for treatment for some other reason.

Diagnosis can always be confirmed by simple laboratory procedures which are considered a routine part of every physical checkup. When the condition is discovered early, it can be controlled and subsequent complications prevented, sometimes only by modifying diet and activities. Frequently, insulin or one of the newer oral insulin-like drugs are also required. While it is never safe to say that a diabetic is "cured", intelligent cooperation with his physician's recommendations will enable the diabetic to live as long with his condition as he might have expected to live without it.

STATISTICAL REPORT FOR THE 45th WEEK ENDING NOVEMBER 10, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	1	17	1	679	430
DIPHTHERIA	0	0	0	1	0
GONORRHEA	179	127	60	6317	5210
HEPATITIS, INF.	5	12	1	169	160
INFLUENZA	0	1	0	76	7
MEASLES	3	12	2	431	553
MENINGOCOCCAL INF.	0	1	0	28	19
MENINGITIS, OTHER	2	1	0	26	22
MUMPS	2	38	4	430	630

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	0	1	0	25	11
POLIOMYELITIS	0	2	0	0	8
RHEUMATIC FEVER	0	0	0	2	5
SALMONELLOSIS	6	5	1	98	84
SHIGELLOSIS	0	3	0	64	73
STREP. INFECTION	1	12	3	137	257
SYPHILIS	23	40	16	943	847
TUBERCULOSIS	9	11	9	368	390
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	3
SALMONELLOSIS	1

	1966	1965
DEATHS RECORDED FOR THE WEEK	235	173
BIRTHS RECORDED FOR THE WEEK	236	325

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — NOVEMBER 21, 1966

THE HAZARDS OF BEING A PEDESTRIAN

The coming of the winter months with their generally adverse weather conditions brings an especially hazardous situation for the pedestrian and emphasizes the need for increased vigilance and caution at this time. The shorter days with early approach of darkness, the difficulty of sudden stops by motorists on wet or slippery streets and the frequent reduced visibility from rain or other inclement weather - all contribute to the dangers of both driving and walking. The increased pace from holiday shopping and visiting brings more vehicular traffic and more pedestrians on the streets which adds to the traffic hazards. Inevitably, some people in a hurry or fatigued will be careless and may endanger themselves and others by taking chances.

The San Francisco Police Department reports that during 1965, San Francisco traffic accidents resulted in 85 persons being killed and 6,796 persons being injured. Of the 85 deaths, 45 persons or about 53% were pedestrians. Of the 6,796 persons injured, 1,359 or approximately 20% were pedestrians. This indicates that pedestrians contribute a disproportionate number of deaths of all those resulting from traffic accidents. Generally, pedestrians comprise about one-half of the total urban traffic fatalities, with the peak of pedestrian deaths occurring in December. Also, about one-third of the pedestrians killed in motor vehicle accidents are aged 65 or over. This especially hazardous situation for the pedestrian, particularly for the older one, emphasizes the need for increased vigilance and caution. Pedestrians who want to live need to observe the following simple safety rules and all of us are pedestrians, at least part-time:

1. Cross the street at corners only and in crosswalks. Never step into the street from between parked cars. Never jaywalk.
2. Wait on the sidewalk - not in the street, and cross only on green light or WALK. Watch for cars turning, even though you have the right-of-way.
3. Be especially careful after getting off a bus or streetcar.
4. Walk on the left facing traffic where there are no sidewalks.
5. Be doubly careful after dark and in bad weather. Carry or wear something white or light colored.
6. Parents should hold the hand of a young child for protection and teach him to walk in safety. Remember, children are great imitators so parents need to set a good example and be certain their own actions can be safely copied. In other words: "Preach what you practice".

STATISTICAL REPORT FOR THE 46th WEEK ENDING NOVEMBER 18, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	24	20	3	703	439
DIPHTHERIA	0	0	0	1	0
GONORRHEA	129	131	75	6446	5341
HEPATITIS, INF.	4	21	1	172	162
INFLUENZA	0	2	0	76	7
MEASLES	3	37	0	434	556
MENINGOCOCCAL INF.	1	1	0	29	19
MENINGITIS, OTHER	0	2	0	26	24
MUMPS	12	39	3	442	633

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	0	3	0	25	14
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	2	6
SALMONELLOSIS	5	6	0	103	87
SHIGELLOSIS	2	5	0	66	73
STREP. INFECTION	0	8	0	137	257
SYPHILIS	19	20	16	962	862
TUBERCULOSIS	3	12	6	371	401
TYPHOID FEVER	0	0	0	0	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	5
TUBERCULOSIS	1

	1966	1965
DEATHS RECORDED FOR THE WEEK	219	199
BIRTHS RECORDED FOR THE WEEK	340	364

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WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR NOVEMBER 28, 1966

SKI INJURIES

Skiing is an excellent participant sport which is rapidly becoming one of America's most popular winter activities. During winter week-ends there is an exodus of many San Franciscans to the numerous ski resorts of northern California. However, this widespread increase in skiing has brought a consequent increase in injuries, which is of concern to the medical profession as well as to skiers and the ski industry.

While exact data on injuries to skiers is not readily available, a few studies at specific resorts have been carried out. These have shown that out of 1,000 skiers on the slopes each day, about three will be injured. If skiing conditions are poor, the ratio may mount to as high as 13 injuries for each 1,000 skiers. Sprains are the most frequent type of injury followed by fractures. Together they make up roughly three-fourths of skiing injuries. The ankle and knee injuries are the most frequent.

Physicians report that most accidents involve beginners who lose control. Poor physical conditioning, faulty technique, lack of experience and excessive speed produce loss of control. Fatigue is also a factor and many accidents occur late in the afternoon, after long periods of activity.

Most ski injuries are preventable and unnecessary. The better ski resorts mark their trails well, close slopes when conditions become dangerous and maintain a constant safety campaign to prevent injuries. Ski instructors and the ski patrol teach participants the elements of ski safety and caution them on the dangers of skiing when fatigued.

The individual skier can do much to prevent injury to himself by (1) being physically fit, (2) using good equipment and (3) learning to ski under control. In a sport which can be as strenuous as skiing, and which is carried out in the rarified altitude where there is snow, physical fitness can be of prime importance. The heart, in a person not used to exercise or the altitude needs to be acclimated. Exercises to strengthen the legs, particularly knees and ankles, before attempting to ski is recommended. Good equipment includes release bindings, goggles and safety straps on skis. With the guidance of a good instructor, the novice must learn to ski under control and to avoid fatigue. Finally, skiers are urged to learn about the resort's danger areas and safety precautions and act accordingly.

STATISTICAL REPORT FOR THE 47th WEEK ENDING NOVEMBER 25, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	2	16	3	705	442
DIPHTHERIA	0	0	0	1	0
GONORRHEA	161	129	61	6607	5470
HEPATITIS, INF.	2	7	1	174	163
INFLUENZA	0	3	0	76	7
MEASLES	6	26	1	440	557
MENINGOCOCCAL INF.	0	1	0	29	19
MENINGITIS, OTHER	0	2	0	26	26
MUMPS	11	19	6	453	643

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	0	0	0	25	14
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	2	6
SALMONELLOSIS	2	10	0	105	93
SHIGELLOSIS	0	2	0	66	73
STREP. INFECTION	1	9	2	138	265
SYPHILIS	21	34	15	983	882
TUBERCULOSIS	10	17	3	381	413
TYPHOID FEVER	0	1	0	0	1

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 2

	1966	1965
DEATHS RECORDED FOR THE WEEK	152	190
BIRTHS RECORDED FOR THE WEEK	279	294

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR DECEMBER 5, 1966

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SMOKING AND HEALTH

Cigarette smoking is causally related to lung cancer in men; the magnitude of the effect of cigarette smoking far outweighs all other factors. The data for women, though slower in development, point in the same direction. The risk of developing lung cancer increases with duration of smoking and the number of cigarettes smoked per day, and is diminished by discontinuing smoking, irrespective of the time one has smoked. In comparison with non-smokers, average male smokers of cigarettes have approximately a 9- to 10-fold risk of developing lung cancer and heavy smokers at least a 20-fold risk. Cigarette smoking is much more important than occupational exposures as a cause of lung cancer in the general population.

Cigarette smoking is the most important cause of chronic bronchitis in the United States, and increases the risk of dying from chronic bronchitis and emphysema. For the bulk of the population of the United States, the relative importance of cigarette smoking as a cause of chronic broncho-pulmonary disease is much greater than atmospheric pollution or occupational exposure.

It is established that male cigarette smokers have a higher death rate from coronary artery disease than non-smoking males. Although the causative role of cigarette smoking in deaths from coronary disease is not proven, it is more prudent from the public health viewpoint to assume that the established association has causative meaning than to suspend judgement until no uncertainty remains. Although a causal relationship has not been established, higher mortality of cigarette smokers is associated with many cardiovascular diseases and general arteriosclerosis.

STATISTICAL REPORT FOR THE 48th WEEK ENDING DECEMBER 2, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	13	16	2	718	446
DIPHTHERIA	0	0	0	1	0
GONORRHEA	161	155	61	6768	5625
HEPATITIS, INF.	4	7	1	177	168
INFLUENZA	0	1	0	76	7
MEASLES	7	40	1	447	564
MENINGOCOCCAL INF.	0	2	0	28	19
MENINGITIS, OTHER	0	2	0	26	28
MUMPS	15	32	13	468	656

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	0	1	0	25	15
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	2	6
SALMONELLOSIS	3	6	0	108	96
SHIGELLOSIS	1	2	1	67	75
STREP. INFECTION	2	14	1	140	266
SYPHILIS	22	26	11	1005	893
TUBERCULOSIS	8	14	4	389	419
TYPHOID FEVER	0	0	0	0	1

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

ARACHNOIDITIS	1
PNEUMONIA	2
TUBERCULOSIS	1

	1966	1965
DEATHS RECORDED FOR THE WEEK	202	204
BIRTHS RECORDED FOR THE WEEK	331	346

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CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR DECEMBER 12, 1966

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NEW INTERNATIONAL CERTIFICATE OF VACCINATION FOR FOREIGN TRAVEL

People intending foreign travel after January 1, 1967, are alerted to the mandatory requirement of a new International certificate of vaccination.

It has just been called to our attention that "at its meeting in May 1965, the Eighteenth World Health Assembly adopted the recommendation of the Committee on International Quarantine to amend the smallpox vaccination certificate to indicate whether a freeze-dried or liquid vaccine was used and to include the origin and batch number of smallpox vaccine. The new certificate will come into force on January 1, 1967.

"To be valid for international travel, smallpox vaccinations performed after January 1, 1967 will have to be recorded on the new certificate.

"Smallpox vaccination certificates issued prior to January 1, 1967 shall continue to be valid for the period for which it was previously valid".*

We have been advised that the new forms will not be available locally much before January 1, 1967, if then. Under the circumstances, anyone intending to travel in foreign countries early next year should secure their immunizations before January 1, 1967. These should then be entered on the current form.

* Memorandum from Division of Foreign Quarantine, U.S. Public Health Service.

STATISTICAL REPORT FOR THE 49th WEEK ENDING DECEMBER 9, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965	CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	17	58	9	735	464	PERTUSSIS	0	1	0	25	15
DIPHTHERIA	0	0	0	1	0	POLIOMYELITIS	0	0	0	0	0
GONORRHEA	163	112	50	6931	5737	RHEUMATIC FEVER	0	0	0	2	9
HEPATITIS, INF.	10	6	2	187	173	SALMONELLOSIS	4	6	0	112	96
INFLUENZA	0	1	0	76	7	SHIGELLOSIS	2	2	0	69	75
MEASLES	8	44	0	455	564	STREP. INFECTION	7	10	4	147	270
MENINGOCOCCAL INF.	0	3	0	28	19	SYPHILIS	21	26	12	1026	912
MENINGITIS, OTHER	0	2	0	26	30	TUBERCULOSIS	10	18	7	399	437
MUMPS	45	23	6	513	662	TYPHOID FEVER	0	0	0	0	1

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

INFECTIOUS HEPATITIS	1
MENINGITIS, ACUTE	1
PNEUMONIA	4
TUBERCULOSIS	1

	1966	1965
DEATHS RECORDED FOR THE WEEK	188	220
BIRTHS RECORDED FOR THE WEEK	323	318

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DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR DECEMBER 19, 1966

TUBERCULOSIS CASE FINDING BY X-RAY SURVEY IN SAN FRANCISCO IN 1965

During 1965 there were 114,002 chest minifilms taken by the combined facilities of the San Francisco Medical Society, the Mobile Unit of the San Francisco Tuberculosis Association, and the San Francisco Health Department. A total of 198 active cases of tuberculosis was discovered, of which 165 were previously unknown. The Medical Society Unit discovered 14 unknown active cases in 21,008 films. The Mobile Unit took 46,759 films in community survey projects, finding 36 active cases, of which 35 were previously unknown.

The Health Department Unit at 101 Grove Street took 23,985 minifilms, finding 26 active cases, of which 23 were previously unknown. This group includes only those who admit no contact with the disease and have no symptoms. In addition, 1,151 individuals with symptoms requested a chest film. Since the incidence of suspicion is very high in such a group, large chest films were taken revealing 47 with active tuberculosis, of whom 31 were previously unknown. Of the total 25,136 chest films taken by this unit, 73 active cases were found, of which 54 were previously unknown.

The Admission Chest X-Ray Program at San Francisco General Hospital took 13,024 films, finding 49 active cases, of which 43 were previously unknown.

The Jail X-Ray Program had a yield of about 3.5 active tuberculosis cases per 1,000 inmates examined, or 20 active cases for 5,619 films taken, of which 14 were previously unknown. Of 2,456 films taken at Northeast Health Center, 5 active cases were found, of which 5 were previously unknown. These three programs find active tuberculosis in people in whom it is not suspected. As a result, personnel, patients, and inmates are protected from close and prolonged exposure to communicable tuberculosis, and thus spread of the disease is controlled.

Private physicians, the Medical Society, the Tuberculosis Association, and the Health Department limit survey X-ray case finding to high risk individuals and groups, and thereby increase the productivity of these programs.

STATISTICAL REPORT FOR THE 50th WEEK ENDING DECEMBER 16, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965	CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	20	39	2	755	471	PERTUSSIS	2	3	0	27	18
DIPHTHERIA	0	0	0	1	0	POLIOMYELITIS	0	0	0	0	0
GONORRHEA	170	143	70	7101	5880	RHEUMATIC FEVER	0	0	0	2	6
HEPATITIS, INF.	5	5	1	191	175	SALMONELLOSIS	0	4	0	112	96
INFLUENZA	0	2	0	76	7	SHIGELLOSIS	0	4	1	69	78
MEASLES	1	39	0	456	564	STREP. INFECTION	2	13	0	149	279
MENINGOCOCCAL INF.	1	1	0	29	19	SYPHILIS	12	26	15	1038	927
MENINGITIS, OTHER	1	3	0	27	32	TUBERCULOSIS	3	26	6	402	454
MUMPS	18	41	7	531	669	TYPHOID FEVER	0	1	0	0	1

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

			1966	1965
PNEUMONIA	3	DEATHS RECORDED FOR THE WEEK	197	174
TUBERCULOSIS	1	BIRTHS RECORDED FOR THE WEEK	301	355

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR DECEMBER 27, 1966

A MERRY CHRISTMAS and a HEALTHY and HAPPY NEW YEAR!

From the employees of the
San Francisco Department of Public Health

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STATISTICAL REPORT FOR THE 51st WEEK ENDING DECEMBER 23, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	5	35	4	760	481
DIPHTHERIA	0	0	0	1	0
GONORRHEA	181	138	44	7282	6018
HEPATITIS, INF.	11	4	1	202	176
INFLUENZA	0	0	0	76	7
MEASLES	0	27	1	456	570
MENINGOCOCCAL INF.	0	2	0	29	20
MENINGITIS, OTHER	0	1	0	27	33
MUMPS	22	8	2	553	671

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
PERTUSSIS	0	1	0	27	18
POLIOMYELITIS	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	2	6
SALMONELLOSIS	3	5	0	115	97
SHIGELLOSIS	1	2	1	70	79
STREP. INFECTION	0	10	1	149	284
SYPHILIS	18	23	14	1056	947
TUBERCULOSIS	3	10	4	405	459
TYPHOID FEVER	0	0	0	0	1

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	6

	1966	1965
DEATHS RECORDED FOR THE WEEK	204	224
BIRTHS RECORDED FOR THE WEEK	345	289

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

JANUARY 3, 1967

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GREETINGS AND BEST WISHES FOR 1967

As the year 1966 draws to a close, the Department of Public Health and its 3,500 employees wish to express to the people of San Francisco our appreciation for the active support and continuing interest we have received in helping us meet and solve our common public health problems. The work of the Department was made easier through the cooperative efforts of many departments of city government, the activities of hundreds of volunteers, including professional and lay people who donated thousands of hours of services to the people of San Francisco. The Department was also ably assisted by the excellent information which television, radio, and the press have directed toward many of the major public health problems in this city.

The health of the people of San Francisco was relatively good in 1966 and the Department looks forward to 1967 with hopeful optimism. The continuing development of the California Medical Assistance Program (Medi-Cal) will doubtless expand the scope of health services to our older and less affluent residents. At the same time it will provide medicine with a unique opportunity to develop new approaches in the fields of chronic illness and rehabilitation. Hopefully, public health efforts toward preventing such crippling diseases as heart disease, arthritis, cerebral vascular accidents will receive new impetus and added support.

All of our staff extend to our fellow San Franciscans our best wishes for a safe and healthful 1967.

STATISTICAL REPORT FOR THE 52nd WEEK ENDING DECEMBER 30, 1966

CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965	CASES REPORTED:	FOR THE WEEK	1961-65 RANGE HIGH	1961-65 RANGE LOW	TO DATE 1966	TO DATE 1965
CHICKENPOX	5	30	3	765	484	PERTUSSIS	0	2	0	27	18
DIPHTHERIA	0	0	0	1	0	POLIOMYELITIS	0	0	0	0	6
GONORRHEA	138	167	66	7420	6185	RHEUMATIC FEVER	0	0	0	2	6
HEPATITIS, INF.	2	5	0	204	181	SALMONELLOSIS	3	3	1	118	99
INFLUENZA	0	3	0	76	7	SHIGELLOSIS	1	4	1	71	81
MEASLES	4	29	0	460	570	STREP. INFECTION	1	3	2	150	285
MENINGOCOCCAL INF.	0	2	0	29	20	SYPHILIS	19	22	20	1075	969
MENINGITIS, OTHER	1	2	0	28	33	TUBERCULOSIS	14	26	4	419	885
MUMPS	9	12	5	562	677	TYPHOID FEVER	0	0	0	0	1

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:			1966	1965
PNEUMONIA	9	DEATHS RECORDED FOR THE WEEK	218	213
		BIRTHS RECORDED FOR THE WEEK	288	393

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

JANUARY 9, 1967

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INFECTIOUS VENEREAL DISEASE* BY AGE GROUP
SAN FRANCISCO REPORTED CIVILIAN CASES, 1960-1965

TABLE 1
PERCENT OF CASES

AGE GROUP	1960	1961	1962	1963	1964	1965
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
0 - 14	0.5	0.4	0.6	0.7	0.5	0.4
15 - 19	10.7	11.1	11.0	11.9	13.5	13.5
20 - 24	28.9	29.9	31.2	31.2	32.8	33.6
25 - 34	43.6	40.9	40.0	38.4	38.2	37.6
35 - 44	13.6	14.1	13.4	14.2	11.9	11.7
45 AND OVER	2.7	3.6	3.8	3.6	3.1	3.2

TABLE 2

AGE GROUP	INCREASE 1960 - 1965	1960-1965 PERCENT INCREASE	PERCENT IN EACH AGE GROUP
TOTAL	3575	112.6	100.0
0 - 14	9	56.2	0.3
15 - 19	572	169.2	16.0
20 - 24	1351	147.0	37.8
25 - 34	1153	83.3	32.2
35 - 44	359	82.9	10.0
45 AND OVER	131	152.3	3.7

* INFECTIOUS VENEREAL DISEASE INCLUDES PRIMARY, SECONDARY AND EARLY LATENT SYPHILIS AND ALL DIAGNOSED CASES OF GONORRHEA.

Reported cases of infectious venereal disease continued to increase during 1965 despite intensive efforts by this Department's Division of Venereal Disease Control, and, physicians in private practice and others concerned. Total civilian cases reported were 6,751 in 1965 and 5,445 in 1964, and it should be noted that an estimated 80% of all cases are not reported. The first table above shows the increase of infectious venereal disease from 1960 to 1965 by age group. Last year 47.1% of all reported cases were in the 15-24 year age group.

The second table shows the percentage increases of reported cases in the various age groups during the five-year period since 1960. The startling fact is that the greatest percentage increase, 169%, is found in the 15-19 age group. This is essentially our high school population. Whatever the reasons may be for this high percent increase, the need for venereal disease education is obvious.

STATISTICAL REPORT FOR THE 1st WEEK ENDING JANUARY 6, 1966

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	7	25	3	7	3
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	3	4	0	3	1
GONORRHEA	162	120	53	162	120
HEPATITIS, INF.	6	2	0	6	1
INFLUENZA	1	0	0	1	0
MEASLES	2	64	0	2	0
MENINGOCOCCAL INF.	2	3	0	2	3

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	1	1	0	1	1
MUMPS	11	17	4	11	4
PERTUSSIS	0	1	0	0	0
SALMONELLOSIS	0	3	0	0	3
SHIGELLOSIS	0	3	0	0	2
STREP. INFECTION	1	9	3	1	3
SYPHILIS	13	25	16	13	25
TUBERCULOSIS	3	13	3	3	13

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

INFLUENZA	1
MENINGITIS, PNEUMOCOCCAL	1
PNEUMONIA	7

	1967	1966
DEATHS RECORDED FOR THE WEEK	176	186
BIRTHS RECORDED FOR THE WEEK	215	228

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ELLIS D. SOX, M.D.,

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MENTAL RETARDATION

Mental retardation refers to the condition of those individuals who, from birth or early childhood, have certain inabilities to independently solve intellectual and social problems in a manner consistent with their chronological age. The magnitude of the problem in San Francisco is seen in the following figures: of the children born each year, approximately 3% (600) will not achieve the intellect of a twelve year old, 0.3% (60) will remain below seven years, and 0.1% (20) will remain as helpless dependents.

Some retarded cases are capable of learning, some are not. All, at some time, require specialized management: unusual attention and supervision. In each case, then, a real attempt must be made to discover the retarded ones' potentials, and to develop them, to their maximum, over the course of their entire lives.

In this city there are many agencies working on these problems: agencies with training programs, sheltered workshops, special programs, counselling services, etc. Four years ago they joined together in the San Francisco Coordinating Council on Mental Retardation. The Council, through its committees, is studying and coordinating ways to improve services to the retarded, at all levels of care.

The Health Department's own Child Psychiatric Clinic plays a key role in the care of the retarded. It is an active member of the Coordinating Council. It offers a variety of direct services to the parents: counselling, referring, and giving support in the management of social and emotional situations. The Clinic has a unique role: it processes all applications for admission from this county to Sonoma State Hospital, whenever such hospitalization is sought or otherwise indicated. Also, our Public Health Nurses recently have completed a study program to assist them in the application of their skills in early case finding of these children and their referral to our community resources for aid to them and their parents. The Department is currently working with the Juvenile Court and the Department of Social Services in developing added facilities for a group who need special consideration.

STATISTICAL REPORT FOR THE 2nd WEEK ENDING JANUARY 13, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	5	46	10	12	43
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	0	12	0	3	3
GONORRHEA	126	135	50	288	255
HEPATITIS, INF.	4	5	1	10	6
INFLUENZA	0	2	0	1	0
MEASLES	4	77	4	6	10
MENINGOCOCCAL INF.	0	1	0	2	3

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	1	2	0	2	3
MUMPS	34	44	1	43	36
PERTUSSIS	0	1	0	0	1
SALMONELLOSIS	2	6	0	2	3
SHIGELLOSIS	0	5	0	0	3
STREP. INFECTION	4	10	2	5	13
SYPHILIS	25	14	6	38	39
TUBERCULOSIS	10	12	2	13	22

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	2
TUBERCULOSIS	2

	1967	1966
DEATHS RECORDED FOR THE WEEK	202	209
BIRTHS RECORDED FOR THE WEEK	337	365

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ELLIS D. SOX, M.D., DIRECTOR JANUARY 23, 1967

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1966 PROVISIONAL ESTIMATES OF RECORDED BIRTHS AND DEATHS IN SAN FRANCISCO

	BY OCCURRENCE IN SAN FRANCISCO 1966 PROVISIONAL	1965 FINAL
LIVE BIRTHS	15,800	18,077
DEATHS	10,000	10,127
DEATHS UNDER 1 YEAR	360	415
NEONATAL DEATHS (UNDER 1 MONTH)	260	330
MATERNAL DEATHS	6	7
FETAL DEATHS	210	213
SOME IMPORTANT CAUSES BY OCCURRENCE		
HEART DISEASE	3,490	3,503
CANCER	2,130	2,253
VASCULAR LESIONS OF C.N.S.	870	888
CIRRHOSIS OF THE LIVER	600	577
ACCIDENTS	420	418
INFLUENZA AND PNEUMONIA	280	221
SUICIDE	250	211
DISEASES OF EARLY INFANCY	230	253
EMPHYSEMA	190	154
ARTERIOSCLEROSIS	130	144
CONGENITAL MALFORMATIONS	120	147
DIABETES	110	130
AORTIC ANEURYSMS	110	116
ULCERS OF STOMACH AND DUODENUM	95	80
HOMICIDE	65	62
TUBERCULOSIS	40	48

The number of births in San Francisco declined in 1966. Twenty-eight percent of the decrease is attributable to the fact that Mary's Help Hospital moved to San Mateo County in 1965. The number of deaths was also a little less than in 1965. As in past years, the first five causes of death accounted for three quarters of the deaths. Because of the influenza outbreak in the early months of 1966, more deaths were coded to influenza and pneumonia and this combination of diseases moved up to fifth place. Because of the smaller number of births, there were fewer infant deaths and both "certain diseases of early infancy", and congenital malformations, decreased in number and rank.

STATISTICAL REPORT FOR THE 3rd WEEK ENDING JANUARY 20, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	7	76	3	19	59
DIPHTHERIA	0	1	0	0	0
GERMAN MEASLES	3	8	0	6	4
GONORRHEA	207	141	66	495	396
HEPATITIS, INF.	3	5	0	13	6
INFLUENZA	0	6	0	1	0
MEASLES	6	60	4	12	16
MENINGOCOCCAL INF.	0	1	0	2	4

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	0	1	0	2	3
MUMPS	33	59	11	78	47
PERTUSSIS	3	0	0	3	1
SALMONELLOSIS	3	4	2	5	5
SHIGELLOSIS	0	3	0	0	3
STREP. INFECTION	9	12	4	14	17
SYPHILIS	27	26	16	65	65
TUBERCULOSIS	14	12	3	27	33

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
MENINGOCOCCEMIA	1
PNEUMONIA	3
TUBERCULOSIS	1

	1967	1966
DEATHS RECORDED FOR THE WEEK	173	213
BIRTHS RECORDED FOR THE WEEK	325	293

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SAN FRANCISCO EMERGENCY HOSPITALS DISPOSITION OF CASES, 1966

Emergency Hospital	Total	Discharged to Home	Transferred to S.F. Gen. Hospital	Transferred to Other Hospitals	Deceased
Central	17,856	14,787	1,717	1,248	104
Harbor	7,838	6,410	540	786	102
Mission	59,628	39,974	18,006	1,476	172
Alemany	14,727	13,307	307	1,044	69
Park	13,526	11,758	527	1,189	52
Ocean Beach*	264	262	1	1	-
TOTAL	113,839	86,498	21,098	5,744	499

The provision of emergency ambulance and emergency medical and surgical care in San Francisco is a responsibility of the Department of Public Health. Over 110,000 cases are treated each year through five Emergency Hospitals. The disposition of these cases is shown in the table above. During 1966 a total of 113,839 persons were given emergency treatment; 69,105 of this number were surgical cases and 44,734 were medical cases. The emergency service protects the patient temporarily until he can see his own doctor or be seen in a clinic or other facility.

* Ocean Beach closed as of 7-1-66.

STATISTICAL REPORT FOR THE 4th WEEK ENDING JANUARY 27, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	9	30	17	28	89
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	4	8	3	10	10
GONORRHEA	194	151	82	689	547
HEPATITIS, INF.	10	6	1	23	12
INFLUENZA	0	2	0	1	0
MEASLES	12	86	11	24	27
MENINGOCOCCAL INF.	1	1	0	3	5

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	1	3	0	3	3
MUMPS	25	28	9	103	69
PERTUSSIS	0	1	0	3	2
SALMONELLOSIS	3	3	1	8	7
SHIGELLOSIS	2	3	0	2	3
STREP. INFECTION	6	8	1	20	25
SYPHILIS	22	28	15	87	80
TUBERCULOSIS	10	20	3	37	41

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

CHICKENPOX	1
PNEUMONIA	8
SEPTICEMIA, STAPH.	1

	1967	1966
DEATHS RECORDED FOR THE WEEK	240	206
BIRTHS RECORDED FOR THE WEEK	396	280

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ELLIS D. SOX, M.D., DIRECTOR FEBRUARY 6, 1967

CHILDREN'S DENTAL HEALTH WEEK - FEBRUARY 5-11

Dentists are very much aware that many parents who in all other respects take excellent care of their children's health, have a curious blind spot about the need for proper dental care. For this reason the San Francisco Dental Society joins with parents and community health leaders each year to focus attention on the need for dental health practices which will enable the child to avoid the dental diseases which afflict the vast majority of today's adults.

San Francisco children are reaping the benefits of the fluoridation program begun years ago. It must be emphasized, however, that fluoridation does not prevent all tooth decay, and that it cannot be expected to do the whole job. Prevention of dental disease among children as well as adults still demands adherence to the known rules of good dental health. It is still essential for parents who wish to insure the future of their children's teeth to see that these rules are observed. Dentists agree that the following basic preventive measures will substantially reduce dental disease.

(1) Toothbrushing: The toothbrush, properly used, is still one of the most powerful weapons in the fight against tooth decay. Teeth should be brushed immediately after eating to obtain the maximum benefit. It is the brushing away of food that sticksto the teeth that is most effective, not the kind of dentifrice used. When it is not possible to brush the teeth after eating, the mouth should be rinsed with water to remove as many food particles as possible.

(2) Good Food: A good basic diet is necessary for good dental health of children. Discourage and limit the consumption of sweets.

(3) Dental Care: Periodic examinations by a dentist will reveal cavities and other irregularities and permit early treatment before more serious conditions arise. The responsibility for providing proper preventive and therapeutic dental care lies with the parents.

(4) Fluoridation of public water supplies, which San Franciscans enjoy.

STATISTICAL REPORT FOR THE 5th WEEK ENDING FEBRUARY 3, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	4	29	2	32	93
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	5	22	2	15	12
GONORRHEA	138	149	79	827	696
HEPATITIS, INF.	9	5	1	32	13
INFLUENZA	0	5	0	1	0
MEASLES	11	48	2	35	29
MENINGOCOCCAL INF.	0	0	0	3	5

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	1	1	0	4	3
MUMPS	14	89	10	117	79
PERTUSSIS	0	1	0	3	2
SALMONELLOSIS	0	3	0	8	8
SHIGELLOSIS	0	3	0	2	4
STREP. INFECTION	4	10	1	24	31
SYPHILIS	16	27	20	103	101
TUBERCULOSIS	5	17	4	42	43

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 10

	1967	1966
DEATHS RECORDED FOR THE WEEK	223	203
BIRTHS RECORDED FOR THE WEEK	255	390

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ELLIS D. SOX, M.D., DIRECTOR FEBRUARY 14, 1967

BLINDNESS FROM GLAUCOMA IS PREVENTABLE

An estimated 45,000 people in the United States are blind because of glaucoma. Many more are partially incapacitated from this disease. Glaucoma is outranked only by cataract as a cause of blindness in California as well as nationally. The tragic part of this is that blindness from glaucoma can be prevented by early diagnosis and treatment. When the disease is not detected and brought under control it usually leads to progressive loss of vision resulting in blindness. In San Francisco, approximately 7,000 adults unknowingly have glaucoma. This estimate is based on large scale surveys made elsewhere which indicate that two percent of the population over 40 years of age have undetected glaucoma.

Glaucoma is a condition resulting from increased fluid pressure within the eye. If this pressure is not reduced it will, in time, destroy the function of the retina and optic nerve. The severe pain associated with the acute type of glaucoma prompts a quick visit to a doctor. However, chronic glaucoma, which is far more prevalent than the acute type, is an insidious condition without pain characterized by a gradual loss of the outer fields of vision, which is not noticed by the victim until it is far advanced. It sometimes takes years for the development of recognizable symptoms such as rainbow-colored rings around lights or loss of side vision.

Detected in its early stages, glaucoma usually can be controlled by medication or surgery. Therefore, the early detection of the disease is the best method of preventing its progress to blindness. To this end, in addition to general public education about glaucoma, it is recommended that everyone over 40 should get a thorough eye examination at least once every two years. This means more than getting a test for glasses. A simple and painless test of fluid pressure in the eye which may be made by one's family physician or ophthalmologist should be considered an essential part of an eye examination or general physical checkup. If glaucoma is discovered early, treatment can prevent loss of sight.

STATISTICAL REPORT FOR THE 6th WEEK ENDING FEBRUARY 10, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	4	78	5	36	122
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	2	7	2	17	19
GONORRHEA	137	141	71	964	837
HEPATITIS, INF.	5	5	1	37	18
INFLUENZA	0	4	0	1	1
MEASLES	8	90	5	43	34
MENINGOCOCCAL INF.	2	1	0	5	6

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	1	1	0	5	4
MUMPS	19	48	17	136	102
PERTUSSIS	1	2	0	4	3
SALMONELLOSIS	0	3	0	8	8
SHIGELLOSIS	0	1	0	2	4
STREP. INFECTION	7	15	3	31	46
SYPHILIS	33	23	15	136	116
TUBERCULOSIS	2	9	4	44	57

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	4
SYPHILIS	1
TUBERCULOSIS	1

	1967	1966
DEATHS RECORDED FOR THE WEEK	193	209
BIRTHS RECORDED FOR THE WEEK	272	300

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ELLIS D. SOX, M.D., DIRECTOR

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HEART DISEASE IN SAN FRANCISCO

Diseases of the heart and blood vessels continue to take the lives of more San Franciscans than all other diseases combined. Comparatively, in 1966, these diseases were responsible for twice as many deaths in this city as cancer, ten times as many as accidents, almost twenty times as many as pneumonia or suicide and a hundred times more than tuberculosis.

Startling as these figures may be, the picture is not entirely dark. In recent years medical science has made phenomenal strides in expanding the knowledge and treatment of heart diseases. Today, much can be done to reduce the risks. Thousands of people who receive proper medical care now survive heart and blood vessel disorders that were considered hopeless twenty years ago. The encouraging picture today is that:

1. Most people who have heart attacks recover and can go back to work.
2. High blood pressure can usually be controlled.
3. Invalidism from "strokes" can often be reduced or prevented.
4. Heart defects can often be repaired.
5. Many patients with circulatory disorders can be helped by medical or surgical treatment.

The best insurance against many aspects of heart disease is to practice moderation in daily living, maintain normal weight and have a periodic physical examination. In some people there are no symptoms, while in others symptoms commonly accepted as indicating "heart trouble" may mean something else, or nothing at all. If you have such symptoms, don't try to diagnose yourself. A physician is the best judge, and a thorough examination will enable him to evaluate the condition.

If something is wrong, the earlier it is detected the better. Don't worry about those symptoms, do something about them!

STATISTICAL REPORT FOR THE 8th WEEK ENDING FEBRUARY 24, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	13	67	7	57	149
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	4	23	1	28	22
GONORRHEA	165	125	52	1347	1072
HEPATITIS, INF.	5	4	0	43	27
INFLUENZA	0	33	0	1	35
MEASLES	11	37	6	60	48
MENINGOCOCCAL INF.	1	1	0	6	7

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	0	1	0	5	6
MUMPS	39	107	4	199	131
PERTUSSIS	0	2	0	4	8
SALMONELLOSIS	1	3	0	10	8
SHIGELLOSIS	0	2	0	3	7
STREP. INFECTION	2	6	1	35	53
SYPHILIS	24	26	8	180	150
TUBERCULOSIS	7	11	5	64	72

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	8
TUBERCULOSIS	2

	1967	1966
DEATHS RECORDED FOR THE WEEK	213	236
BIRTHS RECORDED FOR THE WEEK	313	241

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DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MARCH 6, 1967

ACTIVITIES OF THE SAN FRANCISCO CITY CLINIC

The San Francisco City Clinic (Venereal Disease Clinic) has been operated by the San Francisco Department of Public Health's Division of Venereal Disease Control at its present location at 33 Hunt Street for almost 30 years. In addition to diagnostic and treatment services for the venereal diseases, the Division offers expert consultative services to physicians in the community. Its primary public health function is in the area of epidemiologic investigation and other control activities.

	1958	1966	PER CENT CHANGE
Total clinic visits	21,253	36,281	+ 71%
New patients	2,534	7,833	+ 209%
Re-opened cases	3,377	8,493	+ 152%
Venereal disease diagnosis	2,413	8,276	+ 243%
Total treatments	8,000*	25,307	+ 216%
Total laboratory examinations	29,327	50,087	+ 71%
Epidemiologic investigations	3,500*	7,811	+ 123%

* Estimate

The above tabulation clearly demonstrates how the increasing venereal disease problem in San Francisco is reflected in Clinic activities. By reducing the number of follow-up visits, the increase in the total number of clinic visits has been kept within the limits described. No such administrative device exists to limit the number of patients previously known to the Clinic who are returning with a new complaint (re-opened cases) or new patients. These latter two categories are primarily responsible for the 243% increase in venereal diseases diagnosed and treated. The sizeable - but proportionately smaller - increase in the total of laboratory examinations reflects the reduced number of follow-up examinations described above. This reduction is necessary due to limitations in numbers of clinic staff. By concentrating on only the theoretically more productive diagnoses, epidemiologic investigations have been confined to the numbers enumerated.

Although the most dramatic, this is but one example of how the Health Department attempts to meet changing community needs with existing staff and facilities.

STATISTICAL REPORT FOR THE 9th WEEK ENDING MARCH 3, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	17	63	7	74	174
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	9	13	1	37	23
GONORRHEA	148	107	64	1495	1179
HEPATITIS, INF.	3	4	0	46	30
INFLUENZA	0	27	0	1	62
MEASLES	23	108	3	83	51
MENINGOCOCCAL INF.	0	5	0	6	12

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	1	1	0	6	6
MUMPS	44	40	6	243	137
PERTUSSIS	0	3	0	4	9
SALMONELLOSIS	1	2	0	11	9
SHIGELLOSIS	0	2	0	3	8
STREP. INFECTION	7	8	3	42	58
SYPHILIS	18	22	4	198	154
TUBERCULOSIS	3	17	9	67	81

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 1

	1967	1966
DEATHS RECORDED FOR THE WEEK	200	311
BIRTHS RECORDED FOR THE WEEK	358	336

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DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR MARCH 13, 1967

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VIRAL HEPATITIS

Viral hepatitis, which includes both infectious and serum hepatitis, has shown a slow steady rise in San Francisco over the past ten years. There were 37 cases in 1957 compared to 204 cases in 1966. More than 50,000 cases per year are reported in the United States. Many more cases are undetected and unreported. It is a serious and sometimes fatal disease, the epidemiology of which is not fully understood.

Although both diseases have similar symptoms, infectious hepatitis has a shorter incubation period, averaging three weeks. Infectious hepatitis is known to be spread by fecal contamination, although certain epidemiologic information supports the concept that the disease may be transmitted by nose and throat discharges. While cleanliness and other sanitary measures would help to control infections, they would not be of much value in respiratory dissemination. The disease is associated with a prolonged convalescence. Even after apparent cure, there still may be residual damage reducing the liver's capacity for work.

The virus of serum hepatitis is transmitted through blood or blood products, at the time of blood transfusions or through improperly sterilized needles and surgical instruments. In this disease, the incubation period usually is 80 to 100 days. The virus is extremely resistant to ordinary sterilization techniques, requiring 30 minutes in boiling water for this purpose. A needle shared by persons taking narcotics or other drugs is probably the most common source of spread.

The chances of acquiring the disease from a household contact can be considerably reduced by prophylactic treatment with gamma globulin. There is no comparable prophylaxis for serum hepatitis.

STATISTICAL REPORT FOR THE 10th WEEK ENDING MARCH 10, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	29	73	15	103	189
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	8	43	3	45	48
GONORRHEA	176	137	47	1671	1316
HEPATITIS, INF.	5	4	1	51	31
INFLUENZA	0	11	0	1	73
MEASLES	29	81	11	112	62
MENINGOCOCCAL INF.	1	1	0	7	13
MENINGITIS, OTHER	1	1	0	7	6
MUMPS	38	37	16	281	153
PERTUSSIS	0	2	0	4	9
SALMONELLOSIS	1	3	1	12	11
SHIGELLOSIS	3	2	0	6	10
STREP. INFECTION	3	10	2	45	60
SYPHILIS	13	23	14	211	168
TUBERCULOSIS	12	15	9	79	90

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 9

	1967	1966
DEATHS RECORDED FOR THE WEEK	220	270
BIRTHS RECORDED FOR THE WEEK	301	265

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DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR MARCH 20, 1967

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POISON PREVENTION WEEK

March 19 to 25 has been set aside this year as National Poison Prevention Week to remind us that accidental poisoning continues to be an all too frequent and preventable cause of injury and death; mainly to children under five years of age. National data indicate that almost one-fourth of all poisoning in children occurred between the ages of 18 and 24 months, while three-fourths occurred between the ages of 12 and 36 months. Every year some 600,000 children swallow potentially poisonous substances ranging from the foulest tasting chemicals to chocolate covered pills, and heading the list is aspirin! This is understandable when one realizes that the usual home, today, contains scores of common household products such as depilatories, herbicides, insecticides, stimulants, sedatives and so forth, most of which were unknown twenty years ago.

One type of accident that can be prevented is poisoning in the home. It never has to happen. If every parent would follow these suggestions, the number of tragedies could be drastically reduced:

(1) The more accessible the substance, the greater the chance of poisoning. Don't leave household products where children can reach them.
(2) Don't transfer these products to containers which children may identify with food or drink.

(3) Don't tell children that medicine is candy. This is frequently the prelude to poisoning, particularly in the case of candied aspirin.
(4) Read the label. Look for such words as "danger" or "poison". Notice if the label contains a warning regarding usage.

(5) If a child swallows a dangerous substance, call a physician or the Emergency Hospital Services, immediately. Don't wait for symptoms: it may be too late then. Be prepared to tell the doctor the name of the product, or, even better, give him the original container.

STATISTICAL REPORT FOR THE 11th WEEK ENDING MARCH 17, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	1	51	9	104	198
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	10	25	4	55	52
GONORRHEA	214	123	62	1885	1415
HEPATITIS, INF.	4	6	1	55	33
INFLUENZA	0	2	0	1	74
MEASLES	17	46	2	129	64
MENINGOCOCCAL INF.	0	2	0	7	15

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	1	1	0	8	6
MUMPS	67	73	10	348	163
PERTUSSIS	0	4	0	4	9
SALMONELLOSIS	0	1	0	12	12
SHIGELLOSIS	1	2	0	7	11
STREP. INFECTION	6	11	1	51	61
SYPHILIS	27	39	15	238	184
TUBERCULOSIS	12	13	5	91	103

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 2

	1967	1966
DEATHS RECORDED FOR THE WEEK	197	226
BIRTHS RECORDED FOR THE WEEK	315	346

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DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR MARCH 27, 1967

SERVICES FOR CRIPPLED CHILDREN

Crippled Children Services are provided by the Department of Public Health. The program was implemented nationally in 1935 as a part of the Social Security Act to provide medical care and rehabilitation for the physically handicapped child from birth to the age of twenty-one. Such physical defects may be the result of congenital anomalies, disease, accident or faulty development and include most conditions which can be corrected by medical and surgical treatment. Diagnostic services for a suspected eligible condition are available to any child regardless of family income. Treatment of the condition is begun after a Crippled Children Services social worker has determined that the family is unable to finance, in whole or in part, the necessary care.

The following conditions are acceptable under Crippled Children Services:

Orthopedic defects due to infection, injury or congenital malformation, for example, club-foot, paralysis post poliomyelitis, cerebral palsy.
Defects requiring plastic reconstruction, for example, cleft palate and lip, disfigurement from burns.

Defects requiring orthodontia reconstruction.
Ear defects leading to loss of hearing.
Eye defects leading to loss of vision.
Rheumatic or congenital heart disease.

Other specified conditions, for example, phenylketonuria, cystic fibrosis, nephrosis, disfiguring deformities such as extrophy of the bladder and severe hemangioma.
Birth defects which require immediate treatment in the neonatal period to preserve the infant's life.

All children certified under the California Medical Assistance Program (Medi-Cal) who have a Crippled Children Services eligible condition must be referred to the County Crippled Children Services Program for medical service related to the eligible condition (Title 22, California Administrative Code, Section 51013). All children treated under the auspices of Crippled Children Services are under the care of specialists in their field and are cared for in private offices and hospitals. The present case load in San Francisco is about 2,360 active cases. During the last fiscal year $602,480 was expended in San Francisco for care of these children; these funds were a combination of State and Local funds, mostly State.

STATISTICAL REPORT FOR THE 12th WEEK ENDING MARCH 24, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	9	71	14	113	237
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	26	28	4	81	57
GONORRHEA	245	195	66	2130	1610
HEPATITIS, INF.	5	4	0	59	35
INFLUENZA	0	3	0	1	74
MEASLES	36	76	8	165	72
MENINGOCOCCAL INF.	0	1	0	7	16

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	0	0	0	8	6
MUMPS	40	85	17	388	180
PERTUSSIS	0	1	0	4	9
SALMONELLOSIS	3	3	0	15	15
SHIGELLOSIS	0	2	0	7	13
STREP. INFECTION	2	16	2	53	63
SYPHILIS	23	29	19	261	203
TUBERCULOSIS	6	15	4	97	112

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

ENCEPHALITIS, VIRAL	1
PNEUMONIA	4

	1967	1966
DEATHS RECORDED FOR THE WEEK	203	214
BIRTHS RECORDED FOR THE WEEK	287	320

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ELLIS D. SOX, M.D., DIRECTOR — APRIL 3, 1967

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IMMUNIZATION FOR SMALLPOX

Reports from the World Health Organization transmitted by the U.S. Public Health Service, reminds us once again of the ever present threat of smallpox. It is reported that currently the disease is on the increase in India, reaching epidemic proportions in Bombay.

Although smallpox immunization within the previous 3 years is a requirement of foreign travelers who are returning to this country, it should be pointed out that recent cases in Europe developed in travelers from India with supposedly valid immunizations. International travelers and their physicians should be alerted to the possibility of smallpox when suggestive symptoms develop, despite history of immunization. Such early symptoms include fever, headache, severe backache and general aches and pain with considerable weakness. However, all these symptoms can be modified by previous successful vaccination.

With the speed of international travel and the possibility of smallpox unknowingly entering the country, everyone should have periodic vaccinations. In San Francisco, we should recognize that certain groups such as airport and steamship employees, taxi dirvers, hotel personnel, etc., have considerable contact with foreign travelers. In addition, physicians, nurses and other hospital workers should consider their own status as it may apply to an ill individual whose smallpox diagnosis initially may be in doubt. These people, obviously, are the most likely to be exposed and should be particularly encouraged to maintain a satisfactory vaccination program.

STATISTICAL REPORT FOR THE 13th WEEK ENDING MARCH 31, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	18	70	13	131	265
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	10	41	6	91	64
HEPATITIS, INF.	6	4	2	65	37
INFLUENZA	0	3	0	1	74
MEASLES	25	55	17	190	111
MENINGOCOCCAL INF.	0	1	0	7	16
GONORRHEA	174	111	64	2304	1721

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	0	1	0	8	6
MUMPS	9	61	11	397	191
PERTUSSIS	0	4	0	4	9
SALMONELLOSIS	0	7	0	15	22
SHIGELLOSIS	0	1	0	7	14
STREP. INFECTION	0	23	6	53	70
SYPHILIS	21	27	12	282	231
TUBERCULOSIS	4	16	6	101	121

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

HERPES ZOSTER	1
PNEUMONIA	2
TUBERCULOSIS	2

	1967	1966
DEATHS RECORDED FOR THE WEEK	183	207
BIRTHS RECORDED FOR THE WEEK	333	321

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CANCER DEATHS BY SITE OF LESION, SAN FRANCISCO RESIDENTS, 1965

	NUMBER	RATE*
TOTAL	1868	248.9
Digestive Organs	639	85.1
Respiratory System	338	45.0
Genital Organs	203	27.0
Breast	174	23.2
Leukemia and Lymphatic Tissues	163	21.7
Urinary Organs	89	11.9
Buccal Cavity and Pharynx	59	7.9
Other and Unspecified Sites	203	27.0

* Per 100,000 estimated population

April has been proclaimed "Cancer Control Month", which reminds us that cancer is the second leading cause of death, second only to heart disease. This is true nationally, for California, and for San Francisco, although the death rates are higher in San Francisco. In 1965 the San Francisco death rate was 248.9 compared to 136.5 for California and 152.9 for the nation. While cancer ranks among the leading causes of death for every age group, it is for the most part a disease of middle aged and the elderly; and San Francisco is a city of older people, with an estimated 40% of the population 45 years of age and over. Approximately 14% are 65 and over. Significantly, these are the ages when both the incidence and mortality rates for cancer rise and increase steadily. While research may ultimately produce a cure for cancer, for the present we must continue to rely on the combination of early diagnosis and treatment to keep cancer deaths to a minimum.

STATISTICAL REPORT FOR THE 14th WEEK ENDING APRIL 7, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	21	57	17	152	322
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	9	43	6	100	75
GONORRHEA	184	100	61	2488	1817
HEPATITIS, INF.	7	3	2	72	39
INFLUENZA	0	3	0	1	75
MEASLES	29	48	12	219	126
MENINGOCOCCAL INF.	0	3	0	7	18

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	0	1	0	8	7
MUMPS	69	54	12	466	204
PERTUSSIS	0	6	0	4	9
SALMONELLOSIS	1	2	0	16	24
SHIGELLOSIS	1	5	1	8	15
STREP. INFECTION	5	10	3	58	73
SYPHILIS	21	31	12	303	243
TUBERCULOSIS	4	12	9	104	132

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 1

	1967	1966
DEATHS RECORDED FOR THE WEEK	177	169
BIRTHS RECORDED FOR THE WEEK	308	219

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EMPHYSEMA

Emphysema is a chronic, pulmonary condition which progressively lessens a person's ability to breathe effectively. It may go undetected for years, but as it progresses, breathing becomes more and more difficult. More than 10,000 Americans die of this disease every year. In 1966 emphysema ranked tenth as a cause of death in San Francisco and California, claiming more lives than either diabetes or tuberculosis. It is regarded as a contributing cause of death in twice as many people as it kills, and among workers for whom benefits are allowed by the Social Security disability program, emphysema is one of the major causes of disability.

While much remains to be learned about the disease, the prevailing opinion is that, as with other chronic degenerative diseases, many factors combine to produce this obstructive condition. It is primarily a disease of middle aged and older persons and is more common in men than in women. It occurs in those with a long athletic background and those leading a more sedentary life. Chronic bronchial irritation appears to be an important factor in its development, particularly such factors as air pollution, smoking, allergy and infection.

Since this disease may be detected before serious symptoms develop, it is important that persons with unexplained bronchitis, wheezing or shortness of breath seek medical advice. It is estimated that probably 90% of emphysema patients can be diagnosed by a history, physical examination and chest x-rays. Much can be done by medical treatment directed to removing factors likely to worsen this condition, e.g., controlling infection, avoiding smoking, adequate diet, exercise and breathing instructions.

STATISTICAL REPORT FOR THE 15th WEEK ENDING APRIL 14, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966	CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	8	71	9	160	331	MENINGITIS, OTHER	0	2	0	8	7
DIPHTHERIA	0	0	0	0	0	MUMPS	11	39	2	477	206
GERMAN MEASLES	10	46	6	110	81	PERTUSSIS	0	0	0	4	9
GONORRHEA	190	149	66	2678	1966	SALMONELLOSIS	1	6	1	17	27
HEPATITIS, INF.	4	7	0	76	42	SHIGELLOSIS	2	7	0	10	17
INFLUENZA	9	7	0	10	75	STREP. INFECTION	2	9	3	60	79
MEASLES	12	66	17	231	143	SYPHILIS	29	25	20	332	268
MENINGOCOCCAL INF.	0	0	0	7	18	TUBERCULOSIS	10	18	7	114	141

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

HEPATITIS, VIRAL	1
PNEUMONIA	3
TUBERCULOSIS	1

	1967	1966
DEATHS RECORDED FOR THE WEEK	187	184
BIRTHS RECORDED FOR THE WEEK	284	293

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ELLIS D. SOX, M.D., DIRECTOR APRIL 24, 1967

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THE SIXTH YEAR MOLARS

As a child approaches the age of six, the characteristic spaces which appear between the teeth indicate that his jaw is growing to provide room for the larger permanent teeth which will soon break through. The first and most important of these teeth to erupt are the first permanent molars, which more than any other teeth, are the keystones of the child's dental arch. They help to hold the jaws in proper alignment and influence the position of the remainder of the permanent teeth while the primary teeth are being displaced. If one of these first permanent molars is lost and not properly replaced, almost every tooth on the same side of the mouth will be forced out of alignment, resulting in malocclusions and unsightly appearance.

For this reason, it is the considered opinion of many leading dental authorities that a child's dental care program succeeds or fails to the extent that these first permanent teeth are maintained in a healthy condition. Yet, dental surveys indicate that the importance of these teeth is generally overlooked or minimized by parents who mistakenly regard them as "baby" teeth which are due to fall out anyway. Because of this neglect a large percentage of these first permanent molars become decayed and must be extracted during the child's adolescent years.

During the child's younger years, the responsibility for effectively using all the preventive dental help available lies with the parent. Drinking fluoridated water is one measure in this direction which San Francisco children already enjoy. Equally important is a conscientious regard on the part of the parents of the importance of early dental care and regular visits to the dentist. Proper attention to teeth in childhood pays the most striking dividends in terms of life-long dental health. It is only by these means that the child can avoid becoming the dental cripple seen far too often among young people today.

STATISTICAL REPORT FOR THE 16th WEEK ENDING APRIL 21, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	39	55	16	199	369
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	12	28	1	122	91
GONORRHEA	212	103	51	2890	2036
HEPATITIS, INF.	3	6	4	79	48
INFLUENZA	0	4	0	10	75
MEASLES	34	58	10	265	153
MENINGOCOCCAL INF.	0	1	0	7	18

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	0	1	0	8	8
MUMPS	41	43	8	518	216
PERTUSSIS	0	2	0	4	9
SALMONELLOSIS	4	3	0	21	27
SHIGELLOSIS	1	2	0	11	17
STREP. INFECTION	3	14	3	63	79
SYPHILIS	18	23	14	350	287
TUBERCULOSIS	4	14	8	118	149

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	7
SEPTICEMIA (B PROTEUS)	1
TUBERCULOSIS	1

	1967	1966
DEATHS RECORDED FOR THE WEEK	202	213
BIRTHS RECORDED FOR THE WEEK	307	275

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MUSSEL QUARANTINE

All species of California mussels are under quarantine from May 1 to October 31 as unfit for human consumption. The State Board of Public Health establishes the quarantine each year to extend along the entire coast of California, as well as all bays, inlets and harbors, including San Francisco Bay. The purpose of the annual quarantine is to protect the people of California from the highly toxic poison found in the shellfish during the summer and early autumn months. Mussels may be used for bait, but must be broken open and placed in containers plainly labeled in large print "Mussels may contain poison. Unfit for human food". During the quarantine period, the dark meat of clams can also be dangerous and should be discarded. Only the white meat should be eaten; and the clams should be thoroughly cleaned and washed before cooking. In digging clams, they should be taken only from areas free of sewage contamination. As the dangerous shellfish cannot be distinguished in appearance from the harmless ones, it is unsafe to eat mussels or clams from California coastal waters until November.

The source of mussel poisoning is Gonyaulax catenella, a microscopic organism found in plankton, which serves as food for mussels and clams. In warm weather the organism may multiply to such an extent that the water is a deep rust red color. While the poison does not appear to be harmful to the mussel, it can prove fatal to man when he consumes the toxic shellfish. A prickly feeling in the lips, tongue and finger tips, followed by numbness are the first signs of poisoning. An unsteady gait and lack of muscular coordination and finally ascending paralysis mark the progress of the poisoning, with death from respiratory failure in two to twelve hours after consumption of the shellfish. Chemically, the poison is similar to strychnine, and is one of the strongest poisons known. Because it is heat stable, cooking by boiling or steaming does NOT destroy the poison. In fact, death has been known to occur 15 minutes after eating toxic mussels.

STATISTICAL REPORT FOR THE 17th WEEK ENDING APRIL 28, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	13	70	25	212	403
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	19	54	7	141	107
GONORRHEA	159	149	50	3049	2185
HEPATITIS, INF.	4	8	3	82	51
INFLUENZA	0	4	0	10	75
MEASLES	58	72	10	323	163
MENINGOCOCCAL INF.	0	2	0	7	18

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	1	2	0	9	9
MUMPS	55	57	10	573	226
PERTUSSIS	0	2	0	4	9
SALMONELLOSIS	2	4	0	23	28
SHIGELLOSIS	1	3	0	12	20
STREP. INFECTION	8	12	2	71	81
SYPHILIS	20	27	14	370	314
TUBERCULOSIS	10	13	6	128	162

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
PNEUMONIA	1
TUBERCULOSIS	1

	1967	1966
DEATHS RECORDED FOR THE WEEK	171	163
BIRTHS RECORDED FOR THE WEEK	254	317

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ELLIS D. SOX, M.D., DIRECTOR

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HASSLER HOSPITAL - FORTIETH ANNIVERSARY

In conjunction with National Hospital Week, the staff of Hassler Hospital will commemorate its Fortieth Anniversary by holding an Open House on Thursday, May 11th from 11:00 A.M. to 4:00 P.M., and on Sunday, May 14th, from 1:00 P.M. to 4:00 P.M.

Hassler Health Home, one of three institutions operated by the San Francisco Department of Public Health, was opened in 1927 as a tuberculosis sanatorium. On August 1, 1964, Hassler Health Home discontinued the treatment of active tuberculosis, and was licensed as a Specialized Hospital for Internal Medicine. The name of the institution was changed to Hassler Hospital to reflect the services presently provided. The Joint Commission of Hospital Accreditation recognized the quality of these services by awarding Hassler Hospital a three-year accreditation.

The altered function of the institution evolved in response to changing needs for hospital care of San Francisco residents and is in line with practices throughout the country. Patients with long-term illness are transferred from acute general hospitals to chronic disease hospitals which can be operated at a lower daily cost. At the same time, a high standard of medical and nursing care and rehabilitation services can be maintained to help the patient attain as great a degree of independence as possible.

Hassler Hospital is providing services to over 200 patients per day with a staff of 164 employees. The services are provided on a 24-hour a day, seven-day a week basis, including medical and nursing care, coupled with ancillary services of occupational and physical rehabilitation, dietary, medical social service, clinical laboratory, and diagnostic X-ray.

The public is cordially invited to visit Hassler Hospital and its staff on May 11th and 14th. To reach the hospital from San Francisco, drive south on Bayshore Freeway and exit on Whipple Avenue, Redwood City. Drive west to Alameda de Las Pulgas. The hospital is located on Edgewood Road between Alameda de Las Pulgas and Canada Road. Road signs will be posted.

STATISTICAL REPORT FOR THE 18th WEEK ENDING MAY 5, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966	CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKWNPOX	28	62	33	240	442	MENINGITIS, OTHER	2	1	0	11	10
DIPHTHERIA	0	1	0	0	1	MUMPS	83	55	14	656	240
GERMAN MEASLES	8	69	13	149	126	PERTUSSIS	0	2	0	4	9
GONORRHEA	195	145	78	3244	2330	SALMONELLOSIS	2	2	1	25	30
HEPATITIS, INF.	8	4	0	90	55	SHIGELLOSIS	2	1	0	14	20
INFLUENZA	0	1	0	10	75	STREP. INFECTION	4	17	2	75	83
MEASLES	46	89	20	369	183	SYPHILIS	19	26	13	389	335
MENINGOCOCCAL INF.	1	1	0	8	19	TUBERCULOSIS	10	13	5	136	175

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

			1967	1966
PNEUMONIA	1	DEATHS RECORDED FOR THE WEEK	177	177
TUBERCULOSIS	1	BIRTHS RECORDED FOR THE WEEK	310	299

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DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MAY 15, 1967

TUBERCULOSIS CASE FINDING BY X-RAY SURVEY IN SAN FRANCISCO IN 1966

During 1966 there were 111,013 chest minifilms taken by the combined facilities of the San Francisco Medical Society, the Mobile Unit of the San Francisco Tuberculosis Association, and the San Francisco Health Department. A total of 154 cases of tuberculosis was discovered, of which 124 were previously unknown. The Medical Society Unit discovered 9 active cases in 19,982 films, of which 8 were previously unknown. The Mobile Unit took 43,833 films in community survey projects, finding 18 active cases, of which 17 were previously unknown.

The Health Department Unit at 101 Grove Street took 28,353 minifilms, finding 21 active cases, all of which were previously unknown. This group includes only those who admit no contact with the disease and have no symptoms. In addition, 969 individuals with symptoms requested a chest film. Since the incidence of suspicion is very high in such a group, large chest films were taken revealing 54 with active tuberculosis, of whom 38 were previously unknown. Of the total 29,322 chest films taken by this unit, 75 active cases were found, of which 59 were previously unknown.

The Admission Chest X-Ray Program at San Francisco General Hospital took 9,896 films, finding 35 active cases, of which 29 were previously unknown.

The Jail X-Ray Program had a yield of about 2.4 active tuberculosis cases per 1,000 inmates examined; or 14 active cases for 5,744 films taken, of which 8 were previously unknown. Of 2,236 films taken at Northeast Health Center, 3 active cases were found, all of which were previously unknown. These three programs find active tuberculosis in people in whom it is not suspected. As a result, personnel, patients, and inmates are protected from close and prolonged exposure to communicable tuberculosis, and thus spread of the disease is controlled.

Private physicians, the Medical Society, the Tuberculosis Association, and the Health Department limit survey X-Ray case finding to high risk individuals and groups, and thereby increase the productivity of these programs.

STATISTICAL REPORT FOR THE 19th WEEK ENDING MAY 12, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	7	36	16	247	465
DIPHTHERIA	0	1	0	0	1
GERMAN MEASLES	15	49	7	164	133
GONORRHEA	192	133	67	3436	2463
HEPATITIS, INF.	5	4	1	96	59
INFLUENZA	0	6	0	10	75
MEASLES	12	49	25	381	217
MENINGOCOCCAL INF.	0	1	0	8	19

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENIGITIS, OTHER	0	1	0	11	11
MUMPS	31	53	7	687	247
PERTUSSIS	0	2	0	4	11
SALMONELLOSIS	2	4	1	27	33
SHIGELLOSIS	1	3	0	15	23
STREP. INFECTION	1	8	4	76	91
SYPHILIS	23	23	15	412	355
TUBERCULOSIS	8	16	9	144	185

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	7
TUBERCULOSIS	1

	1967	1966
DEATHS RECORDED FOR THE WEEK	193	196
BIRTHS RECORDED FOR THE WEEK	346	312

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

MAY 22, 1967

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MAY 22 1967

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THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

CORDIALLY INVITES YOU TO AN

O P E N H O U S E

AT DISTRICT HEALTH CENTER NO. 1

3850 - 17th St. Monday, May 22, 1967 4 to 8 P.M.

District Health Center No. 1 is the first and newest of the Health Department's five district health centers. The staff of the health center includes health inspectors, a health educator, public health nurses, physicians, mental health consultants, dentists, dental hygienists and office personnel. The entire staff is under the direction of a full-time District Health Officer, trained in the field of public health administration.

Among the preventive medical services offered are health education, information and referral, public health nursing, school health programs, environmental sanitation, and mental health consultation. Clinical services provided include well-child care, family planning, immunizations, cancer screening for women, dental care for young children and tuberculosis control programs.

The district health center activities include several public health services which were formerly provided only in the main Health Department building in the Civic Center. Under this new decentralized District Health Center arrangement, these services can now be provided on a neighborhood basis and programs can be designed that are suited to the needs of the individual district. In addition, the District Health Center staff, neighborhood groups and community organizations can work together cooperatively for the health betterment of the district as a whole.

STATISTICAL REPORT FOR THE 20th WEEK ENDING MAY 19, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	26	71	15	273	493
DIPHTHERIA	0	0	0	0	1
GERMAN MEASLES	16	58	5	180	144
GONORRHEA	230	130	71	3666	2593
HEPATITIS, INF.	8	5	0	105	60
INFLUENZA	21	2	0	31	75
MEASLES	26	123	14	407	231
MENINGOCOCCAL INF.	0	2	0	8	19
MENINGITIS, OTHER	2	1	0	13	11
MUMPS	29	31	7	716	254
PERTUSSIS	0	2	0	4	12
SALMONELLOSIS	3	2	0	30	34
SHIGELLOSIS	3	2	0	18	24
STREP. INFECTION	0	11	1	76	93
SYPHILIS	43	27	12	455	383
TUBERCULOSIS	7	13	10	151	195

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 10

	1967	1966
DEATHS RECORDED FOR THE WEEK	194	182
BIRTHS RECORDED FOR THE WEEK	226	235

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MAY 29, 1967

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VACATION HAZARDS

Thoughtful planning, which takes into account the hazards to which the various members of the family may be exposed in more or less unfamiliar surroundings will help to insure a vacation or outing that is unmarred by the unexpected. Traffic accidents, sunburn and heat exhaustion, poisonous plants, water accidents, food poisoning - these are the unexpected and unpleasant events that play a role in spoiling what otherwise might have been a happy trip. Yet, most if not all these untoward events might be prevented by a little wise foresight, moderation and common sense. By taking into account the basic principles of safety, whether they apply to traffic, water, food or the great outdoors, we can make the most of the vacation time and return home refreshed and ready to put new life into our daily living.

Traffic. Give your car a safety check beforehand, and allow yourself plenty of time to get where you're going. Keep the car interior, including the rear window shelf clear of loose articles, and the area behind the windshield free of projecting objects. If an accident does occur, the use of safety seat belts will protect the passengers, if they are used -- before the accident occurs.

Poison Oak is a constant hazard to people on outings. The best means of prevention is to learn to recognize the shrub with its glossy, leathery-like leaves growing in clusters of three and avoid all contact.

Camping and Hiking. In getting close to nature, you may find some unwelcome company in ticks, chiggers, snakes and poisonous plants. An insect repellant sprayed on the clothes and exposed skin areas will aid in keeping the "bugs" away.To escape trouble from snakes it is best to be able to recognize and then to carefully avoid them. Parents should caution children not to eat seeds from unidentified plants which may be poisonous. The castor bean is an example.

Sunburn. A bad sunburn can be prevented by knowing your own skin and whether or not you burn easily, using a suntan preparation and then avoid over-exposure. Too much sun also can lead to sunstroke, so moderation is the key word.

Water Hazards. Swim where there is a lifeguard and with at least one other experienced swimmer. Never swim after eating, or when tired or overheated. When boating, be "water-wise" and observe all safety precautions. Know how to employ mouth-to-mouth resuscitation.

STATISTICAL REPORT FOR THE 21st WEEK ENDING MAY 26, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966	CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	17	46	9	290	521	MENINGITIS	0	2	1	13	13
DIPHTHERIA	0	1	0	0	1	MUMPS	64	38	13	780	270
GERMAN MEASLES	20	47	9	200	157	PERTUSSIS	1	1	0	5	13
GONORRHEA	199	127	73	3865	2709	SALMONELLOSIS	3	3	0	33	37
HEPATITIS, INF.	16	6	2	121	64	SHIGELLOSIS	1	2	0	19	24
INFLUENZA	1	1	0	32	75	STREP. INFECTION	2	8	1	78	97
MEASLES	18	58	11	425	254	SYPHILIS	25	27	16	480	405
MENINGOCOCCAL INF.	1	1	0	9	19	TUBERCULOSIS	8	10	8	159	203

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	6
TUBERCULOSIS	1

	1967	1966
DEATHS RECORDED FOR THE WEEK	159	189
BIRTHS RECORDED FOR THE WEEK	364	314

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ELLIS D. SOX, M.D., DIRECTOR

JUNE 5, 1967

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SUNTAN AND SUNBURN

While sunshine is healthful for most people, it can be harmful for those who try to acquire too much, too quickly. Instead of the desired golden hue they hoped to acquire, they become lobster red which may be very painful,or if severe enough, may put them in the hospital. Sunburn of this type can be avoided if we pay attention to three simple things: first, know our own type of skin and whether we burn easily or not; secondly, learn when and where the sun has greatest burning power; thirdly, make use of a suntan preparation.

Skins differ in their sensitivity to sunlight. Children and babies of any age burn quickly and need watching when exposed to the sun's rays. People with fair skin are quicker to burn than brunettes. Some people never tan, but burn every time, year after year, whereas others merely freckle. For the vast majority of people, fifteen minutes is long enough for the first day's exposure, then the time can be increased by fifteen minutes. The main point is to start with short periods and gradually make them longer and sunburn can be avoided.

When the sun is directly overhead its rays are direct and burning.Hence late afternoon is a safe time to start sunbathing, especially in the beginning, because as the sun goes down, the atmosphere acts as a filter and the rays will cause less burning. Some of the worst cases of sunburn result from exposure at the beach in a swim-suit during the noon hour. This is because there is direct sunlight at this time and also a reflected glare from the sand and water. Even when the sky is overcast the sun can burn severely, so it is wise to be careful on hazy days as well as bright ones.

There are many suntan preparations, oils, lotions and creams sold under various trade-names. They are all intended to discourage sunburn and promote a tan. But even the best of these preparations give only partial protection from the sun,so watch the clock during the first days of sunbathing, and get your suntan gradually.

STATISTICAL REPORT FOR THE 22nd WEEK ENDING JUNE 2, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	30	86	16	320	552
DIPHTHERIA	0	0	0	0	1
GERMAN MEASLES	10	46	0	210	172
GONORRHEA	249	131	67	4114	2835
HEPATITIS, INF.	4	5	0	126	65
INFLUENZA	0	7	0	32	75
MEASLES	19	132	18	444	281
MENINGOCOCCAL INF.	0	1	0	9	19

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	0	0	0	13	13
MUMPS	24	36	6	804	278
PERTUSSIS	1	0	0	6	13
SALMONELLOSIS	3	4	0	36	41
SHIGELLOSIS	0	3	0	19	24
STREP. INFECTION	3	9	3	81	101
SYPHILIS	18	24	16	498	424
TUBERCULOSIS	6	16	1	164	204

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	1
TUBERCULOSIS	1

	1967	1966
DEATHS RECORDED FOR THE WEEK	179	157
BIRTHS RECORDED FOR THE WEEK	264	246

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THE FIRST-AID KIT

Now is the time to check the home first-aid cabinet and the first-aid kit kept in the family auto - for more accidents happen in the summer than in any other season of the year. A properly equipped kit, with fresh supplies which are kept replenished after use, is a very practical aid in relieving many minor injuries and ailments. It may even be life-saving before medical help arrives. But, the best time to provide the home or auto first-aid kit is before it is needed. The following first-aid supplies are suggested for a home kit:

1. Sterile gauze pads
2. Sterile gauze bandages
3. Adhesive tape
4. Adhesive dressings
5. Absorbent cotton - sterile
6. Triangular bandage
7. A mild antiseptic
8. Burn ointment or lotion
9. Petroleum jelly
10. Calamine lotion
11. Aromatic spirits of ammonia
12. Tweezers
13. Scissors with rounded ends
14. Clinical thermometer
15. Flashlight

For autos, the American National Red Cross suggests a specially designed compact unit with standardized first-aid materials fitted into a case, like blocks. The packet is readily stored and the supplies do not become easily disarranged. Each packet is clearly labeled and instructions for use are included. These kits can be obtained at auto supply stores, department stores, etc., with contents selected to meet the purchaser's particular needs. Ask your physician regarding other medications for your family for such things as car-sickness, upset stomach, etc. Take some road flares for car safety.

Regardless of how well-equipped the home or auto first-aid kit is, its effective use depends on family members knowing how to give treatment properly. A course in first-aid, such as given by the Red Cross, can be an invaluable investment.

STATISTICAL REPORT FOR THE 23rd WEEK ENDING JUNE 9, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	15	55	6	335	574
DIPHTHERIA	0	0	0	0	1
GERMAN MEASLES	20	18	5	230	184
GONORRHEA	144	129	59	4258	2964
HEPATITIS, INF.	12	4	0	138	67
INFLUENZA	0	1	0	32	75
MEASLES	14	60	7	458	306
MENINGOCOCCAL INF.	0	2	0	9	19
MENINGITIS, OTHER	0	2	0	13	13
MUMPS	23	82	12	827	290
PERTUSSIS	0	5	0	6	13
SALMONELLOSIS	0	5	1	36	42
SHIGELLOSIS	0	3	0	19	27
STREP. INFECTION	2	8	2	83	104
TUBERCULOSIS	7	14	3	171	209
SYPHILIS	17	34	13	515	437

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 2

	1967	1966
DEATHS RECORDED FOR THE WEEK	189	177
BIRTHS RECORDED FOR THE WEEK	272	380

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ELLIS D. SOX, M.D., DIRECTOR JUNE 19, 1967

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CHILD SAFETY DURING VACATION

For the child out of school, the dangers from accidents in and about the home become greater simply from his spending more time there. His abundant energy, unthinking recklessness, and propensity for "getting into things" all contribute to his chance of having an accident. Parents should strive to impress upon the child that there are hazardous ways and safe ways of doing most everything and that by developing safe habits of conduct he will be able to do and enjoy more things than he could otherwise. No one expects parents to watch their children every minute of their waking day, but parents can intensify their usual vigilance during this season when "just having fun" rules.

An additional precautionary measure is a thorough check of the home and its environs for hazardous conditions. The abandoned trunk or ice box, the cluttered yard with broken glass or rusty nails, the availability to youngsters of insecticides, caustic substances and other poisonous solutions, - all are examples of hazardous situations which may go unnoticed and uncorrected.

Outside the home there is the ever-present danger from moving vehicles. Adults behind the wheel should remember that children are out of school now and be particularly alert when driving. Parents must instruct children to follow the safety rules about crossing streets, getting off a bus or streetcar, and obeying traffic lights. They should be cautioned about running in the streets or darting out in front of or behind parked cars. Community playgrounds, parks and home play yards provide safe places for children to play and parents are urged to see that children use these facilities whenever possible.

Finally, firecrackers and other forms of fireworks can be extremely dangerous. Every year at this time many tragic accidents occur as the result of play with seemingly "harmless" fireworks. Parents should see that all safety precautions are observed, or better yet, take their children to public fireworks displays.

STATISTICAL REPORT FOR THE 24th WEEK ENDING JUNE 16, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	9	51	9	344	591
DIPHTHERIA	0	0	0	0	1
GERMAN MEASLES	16	18	2	246	188
GONORRHEA	176	143	71	4434	3107
HEPATITIS, INF.	13	4	1	149	71
INFLUENZA	0	1	0	32	75
MEASLES	5	56	12	463	333
MENINGOCOCCAL INF.	0	1	0	9	19

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	0	1	0	13	13
MUMPS	12	31	9	839	299
PERTUSSIS	1	5	0	7	13
SALMONELLOSIS	6	5	0	42	45
SHIGELLOSIS	1	2	0	20	29
STREP. INFECTION	2	9	2	85	106
SYPHILIS	24	24	13	539	450
TUBERCULOSIS	7	12	4	178	218

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	1
SYPHILIS	1
TUBERCULOSIS	2

	1967	1966
DEATHS RECORDED FOR THE WEEK	179	210
BIRTHS RECORDED FOR THE WEEK	317	291

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WATER SAFETY

Too many persons who engage in activities in and about water lack an understanding of the hazards involved and neglect to employ proper safeguards against drowning. During the past year, at least 20 San Franciscans died from drowning. While drownings occur in every season, the toll is heaviest in the summer. This loss of life can be greatly reduced by educating people to certain simple common-sense precautions, such as those listed below:

* Learn to swim well. Relax in the water.
* Never swim alone. Make sure someone is nearby who can help.
* Select a safe swimming place, preferably supervised by a trained lifeguard.
* Never swim when overly tired or when the water is extremely cold.
* Never swim right after eating.
* Know your ability and endurance. Distance over water can be misleading.
* Never dive into unknown waters.

During recent years there has been a marked increase in the use of motorboats, canoes and rowboats. Boating in small watercraft is enjoyable recreation; but too often people do not realize the dangers involved, and are not able to cope with emergencies. Boat operators should employ measures to insure not only their own safety but also that of their passengers for whom they are responsible. Following are suggested safety rules for boaters:

* Be courteous. Consider of the safety of others.
* Learn safe-handling and safe-rescue before going out in boats.
* Do not overload boats.
* Be extremely careful when you have to stand or change position.
* If a boat overturns, stay with it. Most small craft will float when upset. Don't try to swim a long distance to shore.

Finally, boaters, swimmers, or anyone around water needs to know how to rescue a person from drowning, and how to give mouth-to-mouth artificial respiration.

STATISTICAL REPORT FOR THE 25th WEEK ENDING JUNE 23, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	2	22	5	346	596
DIPHTHERIA	0	0	0	0	1
GERMAN MEASLES	2	18	3	248	192
GONORRHEA	277	162	69	4710	3269
HEPATITIS, INF.	16	3	1	164	74
INFLUENZA	0	0	0	32	75
MEASLES	6	38	8	469	352
MENINGOCOCCAL INF.	0	2	0	9	21

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	0	2	0	13	13
MUMPS	19	23	5	858	304
PERTUSSIS	1	2	0	8	13
SALMONELLOSIS	1	6	0	43	46
SHIGELLOSIS	5	2	0	25	31
STREP. INFECTION	0	7	0	85	106
SYPHILIS	14	35	17	553	485
TUBERCULOSIS	6	17	2	184	220

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	4
PNEUMOCOCCAL MENINGITIS	1

	1967	1966
DEATHS RECORDED FOR THE WEEK	199	180
BIRTHS RECORDED FOR THE WEEK	280	358

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TETANUS

Tetanus is one of the most dangerous diseases that can strike a human being. Antibiotics or other treatment offer limited help in a full-blown case, and about 60 per cent of those afflicted with the disease die. Yet by means of immunizarion, tetanus is almost completely preventable. The seeds, or spores, of tetanus are found in the cultivated soils of most areas of the United States. They can be picked up by plants or animals, and introduced into the victim's body by something as seemingly inconsequential as the scratch of a thorn.

Once they enter the body, these spores "hatch" into tiny, microscopic bacteria which begin to multiply. In the process, they liberate one of the deadliest of all poisons, which cause convulsions and muscle spasms -- some so severe that victims have been known to fracture their spine. Usually the first nerves affected are those of the head and neck which control the chewing muscles. These turn rigid with spasm, giving the disease its familiar name -- "lockjaw". In a clean free-bleeding cut any tetanus spores which might contaminate the wound are usually washed out. Or if they do sprout into bacteria, the micro-organisms may be destroyed by oxygen in the blood. But when blood flow is slight, as in deep puncture or crushing wounds, or when the spores are insulated from oxygen by imbedded dirt and debris, the tetanus bacteria may gain a deadly foothold within the body.

While millions of babies have been innoculated against tetanus, the fact remains that about three-fourths of the adult population is lacking in immunity as the protection offered by immunization wears off after several years. Protection should be early -- starting a couple of months after birth -- for the scrapes and falls of childhood offer tetanus many opportunities. In children, as well as adults, immunity is initiated by a series of two or three shots at 3 to 6 week intervals depending upon the preparation used and followed by a booster dose within six to twelve months. Thereafter, immunity is maintained by a booster shot every five or ten years, and at the time of injury.

STATISTICAL REPORT FOR THE 26th WEEK ENDING JUNE 30, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966	CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	7	15	3	353	602	MENINGITIS, OTHER	0	1	0	13	13
DIPHTHERIA	0	0	0	0	1	MUMPS	7	13	3	865	307
GERMAN MEASLES	6	9	0	254	194	PERTUSSIS	0	0	0	8	13
GONORRHEA	179	149	68	4889	3418	SALMONELLOSIS	0	4	0	43	48
HEPATITIS, INF.	16	14	1	180	88	SHIGELLOSIS	2	3	0	27	32
INFLUENZA	0	1	0	32	75	STREP. INFECTION	0	5	0	85	106
MEASLES	5	21	4	474	369	SYPHILIS	21	19	15	574	504
MENINGOCOCCAL INF.	0	1	0	9	22	TUBERCULOSIS	8	21	4	192	231

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
PNEUMONIA	5
SYPHILIS	1
TUBERCULOSIS	1

	1967	1966
DEATHS RECORDED FOR THE WEEK	172	183
BIRTHS RECORDED FOR THE WEEK	252	319

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ELLIS D. SOX, M.D., DIRECTOR

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FOOD POISONING

Sporadic cases of food poisoning occur all through the year, but an increased number develop with the advent of warm weather. This is related to the fact that more social events are scheduled then. The foods are frequently prepared ahead of time, and in many cases, remain unrefrigerated until served. It is impossible to say, with accuracy, how many actual cases of food poisoning occur. Many single cases and even one- or two-family outbreaks often are not reported, because the attack is over in a day or two. Many absences from work have been traced to this type of illness.

One of the distinctive characteristics of an outbreak of food poisoning is the sudden illness of several individuals following a meal at which a specific food is eaten. A reported outbreak starts a coordinated effort by the Health Department to discover the offending food. If samples are obtained, the laboratory may provide the conclusive evidence. Staphylococcus food poisoning occurs most frequently; symptoms appear in about three hours after consuming the contaminated food.

Staphylococci are common germs found in the throats of normal individuals, in the post-nasal drip of those recovering from colds, and on the skin where they may cause pimples, boils and carbuncles. The germs require warmth, moisture and food to grow and multiply and they do not change the smell, taste or appearance of the food. The toxin, which these organisms produce in the food before it is ingested, causes the food poisoning. It is not destroyed by heating. Ham, beef, cheese, milk, potato salad, and cream-filled pastries provide a favorable culture media for these organisms.

To prevent this type of food poisoning, food preparation and service must be conducted so that these germs cannot produce their toxin. This can be done by: (1) Personal cleanliness of the individuals handling the food; (2) Proper care of food in preparation; and (3) Refrigeration of foods at below 40° Fahrenheit immediately after preparation, or in the case of hot foods (4) Keep them hot (above 140° Fahrenheit).

STATISTICAL REPORT FOR THE 27th WEEK ENDING JULY 7, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	3	28	2	356	617
DIPHTHERIA	0	0	0	0	1
GERMAN MEASLES	6	18	0	260	196
GONORRHEA	171	151	78	5060	3569
HEPATITIS, INF.	13	3	1	193	90
INFLUENZA	0	0	0	32	75
MEASLES	4	69	2	478	372
MENINGOCOCCAL INF.	0	1	0	9	22

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	0	0	0	13	13
MUMPS	5	13	1	870	311
PERTUSSIS	0	1	0	8	13
SALMONELLOSIS	0	3	0	43	48
SHIGELLOSIS	2	4	0	29	36
STREP. INFECTION	1	4	0	86	110
SYPHILIS	29	30	13	603	521
TUBERCULOSIS	11	10	3	203	239

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
PNEUMONIA	2

	1967	1966
DEATHS RECORDED FOR THE WEEK	159	152
BIRTHS RECORDED FOR THE WEEK	240	193

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

JULY 17, 1967

"UNDER THE INFLUENCE"

LISTED BELOW IN BRIEF ARE THE CHEMICAL STANDARDS FOR THE LEGAL INTERPRETATION OF THE PHRASE "UNDER THE INFLUENCE", IN TERMS OF PERCENTAGE OF ALCOHOL IN THE BLOOD. THE ALCOHOL IN A HIGHBALL OR COCKTAIL IS BASED ON THE USE OF ONE OUNCE OF 100 PROOF WHISKEY OR GIN. THE AMOUNT OF LIQUOR CONSUMED AND THE ALCOHOL LEVEL FOUND IN THE BLOOD IS BASED ON A 150 POUND MAN OR WOMAN.

1. BELOW 0.05% ALCOHOL IN THE BLOOD - AFTER DRINKING 1 BOTTLE OF BEER, OR COCKTAIL - NO INFLUENCE BY ALCOHOL WITHIN THE MEANING OF THE LAW.

2. BETWEEN 0.05% AND 0.10% - 2 BOTTLES OF BEER, OR 2 HIGHBALLS OR COCKTAILS, AVERAGE PERSON "UNDER THE INFLUENCE".

3. AT 0.10% - 4 BOTTLES OF BEER, OR 4 HIGHBALLS OR COCKTAILS. THE NATIONAL SAFETY COUNCIL'S, THE AMERICAN MEDICAL ASSOCIATION'S AND THE UNIFORM VEHICLE CODE'S RECOMMENDED LEVEL AS "PRIMA FACIE" EVIDENCE OF ALCOHOLIC INTOXICATION. BRAIN FUNCTION CONTROLLING THE FOLLOWING FACTORS ARE AFFECTED IN ALL PEOPLE (WALKING AND TALKING LOSSES USUALLY NOT APPARENT, BUT POSSIBLE):

   A. LOSS OF INHIBITION

   B. LOSS OF VISUAL ACUITY

   C. LOSS OF REACTION TIME

   D. LOSS OF MANUAL DEXTERITY

4. 0.15% - ABOUT 6 BOTTLES OF BEER, OR 6 HIGHBALLS OR COCKTAILS. AVERAGE PERSON HAS WALKING AND TALKING LOSSES - DEFINITELY TOO DRUNK TO DRIVE.

5. 0.20% - ABOUT 8 BOTTLES OF BEER OR 8 HIGHBALLS OR COCKTAILS - NOTICEABLE INTOXICATION USUALLY SETS IN BY THIS TIME IN MOST PERSONS (CAN SET IN AS LOW AS 0.05% IN SOME PEOPLE).

6. 0.25% - ABOUT 10 BOTTLES OF BEER, OR 10 HIGHBALLS OR COCKTAILS - AGGRAVATED EFFECT ON BRAIN, WALKING AND TALKING ABILITY ALWAYS AFFECTED IN ALL PERSONS.

7. 0.30% TO 0.40% - ABOUT 12 BOTTLES OF BEER, OR 12 HIGHBALLS OR COCKTAILS - INCREASED TENDENCY TO SLEEP APPROACHING UNCONSCIOUSNESS (OCCURS AT LOWER OR HIGHER LEVELS, DEPENDING ON PERSON).

8. 0.50% TO 0.90% - DEATH CAUSED BY ALCOHOL DEPRESSION OF NERVOUS SYSTEM ACTIVELY INVOLVING HEART AND LUNGS.

THESE STANDARDS HAVE PROVED THEMSELVES TO BE FAIR AND PRACTICAL. THE ZONE BELOW 0.05% INDICATES THE NON-DRINKING OR TEMPERATE DRIVER. THE WIDE MIDDLE ZONE CONSIDERS TOLERANCE AND IDIOSYNCRASY, AND THE HIGHEST ZONE INDICATES ALCOHOLIC INFLUENCE REGARDLESS OF UNUSUAL TOLERANCE. THE CHEMICAL TEST CAN BE PERFORMED WITH REMARKABLE ACCURACY AND IS THE BEST MEANS OF PROVING ALCOHOLIC INFLUENCE.

STATISTICAL REPORT FOR THE 28TH WEEK ENDING JULY 14, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	5	18	5	361	624
DIPHTHERIA	0	0	0	0	1
GERMAN MEASLES	2	8	1	262	198
GONORRHEA	133	129	69	5193	3698
HEPATITIS, INF.	17	8	1	210	95
INFLUENZA	0	0	0	32	75
MEASLES	3	17	2	481	375
MENINGOCOCCAL INF.	0	1	0	9	22

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	0	2	0	13	13
MUMPS	5	11	4	875	315
PERTUSSIS	0	2	0	8	15
SALMONELLOSIS	2	1	0	45	48
SHIGELLOSIS	0	4	0	29	40
STREP. INFECTION	6	3	0	92	110
SYPHILIS	15	25	10	618	546
TUBERCULOSIS	11	12	2	214	243

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	5
VIRAL HEPATITIS	1

	1967	1966
DEATHS RECORDED FOR THE WEEK	204	153
BIRTHS RECORDED FOR THE WEEK	291	303

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JULY 24, 1967

CHARLES E. SMITH STUDENT LOAN FUND

Charles E. Smith, M.D., for many years a recognized leader in public health, died on April 18, 1967. At the time of his death, Dr. Smith was Dean of the University of California School of Public Health, Berkeley, a position he had held since 1949. After earning his M.D. Degree from Stanford University Medical School he joined its faculty in 1932, and was Professor of Public Health and Preventive Medicine from 1942 to 1949. Dr. Smith served on the State Board of Public Health for 27 years and was its president from 1944 to 1964. He was President-Elect of the American Public Health Association which had awarded him its Bronfman Prize in 1962 for international achievements in public health. He was consultant to the Surgeon-General, the armed forces, and the National Advisory Health Council.

To honor and perpetuate the memory of Dr. Smith, medical and public health leaders in California have joined in the sponsorship of a student loan fund to aid needy students in the School of Public Health, University of California at Berkeley. All of Dr. Smith's many friends know of his personal concern for every student during his years as Dean of the School. The sponsors of the fund have said: "Of all of Dr. Smith's interests, the welfare of his students was surely his deepest concern, and thus we thought that this form of tribute would be most fitting."

All members of the San Francisco Department of Public Health and other interested citizens are encouraged to contribute to this worthwhile fund in memory of Dr. Smith. Checks should be made payable to the Regents of the University of California, "Charles E. Smith Student Loan Fund". These tax deductible contributions may be sent to the School of Public Health, Dean's Office, University of California, Berkeley, California 94720. The drive already is well under way and going well. Contributions in any amount from any interested persons will be most welcome.

STATISTICAL REPORT FOR THE 29th WEEK ENDING JULY 21, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966	CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	2	12	1	363	625	MENINGITIS, OTHER	1	0	0	14	13
DIPHTHERIA	0	0	0	0	1	MUMPS	10	12	3	885	319
GERMAN MEASLES	3	16	0	265	198	PERTUSSIS	0	1	0	8	16
GONORRHEA	244	162	86	5437	3860	SALMONELLOSIS	2	6	1	47	49
HEPATITIS, INF.	19	6	0	228	100	SHIGELLOSIS	1	6	0	30	42
INFLUENZA	0	1	0	32	75	STREP. INFECTION	0	4	0	92	110
MEASLES	2	18	2	483	377	SYPHILIS	19	25	10	637	556
MENINGOCOCCAL INF.	0	1	0	9	22	TUBERCULOSIS	7	8	4	221	248

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:			1967	1966
PNEUMONIA	2	DEATHS RECORDED FOR THE WEEK	184	150
TUBERCULOSIS	1	BIRTHS RECORDED FOR THE WEEK	346	286

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

JULY 31, 1967

IMPORTANT CAUSES OF DEATH BY SEX, SAN FRANCISCO RESIDENTS, 1966

	MALE			FEMALE		
	NUMBER	RATE*	PERCENT	NUMBER	RATE*	PERCENT
ALL CAUSES	5523	1512.3	100.0	4239	1130.4	100.0
Heart Disease	2003	548.5	36.3	1554	414.4	36.7
Malignant Neoplasms	935	256.0	16.9	768	204.8	18.1
Vascular Lesions of C.N.S.	430	117.7	7.8	566	150.9	13.4
Cirrhosis of the Liver	394	107.9	7.1	184	49.1	4.3
Accidents	327	89.5	5.9	127	33.9	3.0
Influenza and Pneumonia	197	53.9	3.6	156	41.6	3.7
Suicides	164	44.9	3.0	86	22.9	2.0
Emphysema	159	43.5	2.9	39	10.4	0.9
Diseases of Early Infancy	100	27.4	1.8	73	19.5	1.7
Arteriosclerosis	68	18.6	1.2	101	26.9	2.4
Aortic Aneurysms	64	17.5	1.2	25	6.7	0.6
Ulcers, Stomach and Duodenum	57	15.6	1.0	21	5.6	0.5
Diabetes	49	13.4	0.9	72	19.2	1.7
Homicides	47	12.9	0.9	11	2.9	0.3
Tuberculosis	34	9.3	0.6	6	1.6	0.1
Congenital Malformations	28	7.7	0.5	38	10.1	0.9
All Other	467	127.9	8.5	412	109.9	9.7

* Per 100,000 Population

During 1966 the first four causes of death had the same rank order for both men and women, with male rates higher than female rates except for vascular lesions of the central nervous system. Heart disease, cancer, and vascular lesions of the central nervous system were the three leading causes, accounting for 61% and 68% of the deaths. The female rate for cirrhosis, the fourth cause was 49.1 per 100,000 population, less than half the rate of 107.9 for males. Arteriosclerosis was the tenth cause for men with a rate of 18.6 and seventh for women with a rate of 26.9. Diabetes, the tenth cause for females with a rate of 19.2 ranked thirteenth among males with a rate of 13.4.

STATISTICAL REPORT FOR THE 30th WEEK ENDING JULY 28, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
Chickenpox	1	5	3	364	630
Diphtheria	0	0	0	0	1
German Measles	6	5	1	271	199
Gonorrhea	295	142	58	5732	4002
Hepatitis, Inf.	18	3	0	245	102
Influenza	0	4	0	32	75
Measles	2	21	4	485	381
Meningococcal Inf.	0	1	0	9	22
Meningitis, Other	4	1	0	18	13
Mumps	6	13	2	891	332
Pertussis	1	1	0	9	16
Salmonellosis	3	5	0	50	49
Shigellosis	2	7	0	32	49
Strep. Infection	1	2	1	93	112
Syphilis	28	30	12	665	586
Tuberculosis	3	14	5	221	253

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
Pneumonia	3
Tuberculosis	2

	1967	1966
Deaths recorded for the week	175	140
Births recorded for the week	367	256

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR AUGUST 7, 1967

HOME ACCIDENTS FROM BURNS

Fire and explosions rank second as a cause of fatal injury among pre-school children in the United States; accounting for about one-fifth of all the accidental deaths in this group. The majority are victims of asphyxiation or burning to death at home, occurring usually when left without responsible supervision. Deaths from fires and explosions are relatively more frequent among girls than boys. Burns caused by scalds from steam and other hot liquids add materially to the number of accidental deaths among preschool children. The children who survive such accidents are faced with painful surgery, expensive hospitalization, and often with a lifelong handicap from disfigurement and disability.

Contrary to common opinion, these tragic accidents are not restricted to areas of substandard housing, overcrowded homes, or lower socio-economic conditions. They occur with almost equal frequency to children in all social and economic levels. According to a study of accidents due to burns, the following were the five main causes in order of frequency:

1. Ignition of clothing.
2. Direct contact with flame, hot ashes or hot stoves.
3. Gasoline or kerosene.
4. Hot liquids, such as water or grease.
5. Electrical appliances, wiring and miscellaneous causes.

No parent would knowingly allow a situation to exist that could accidentally result in a tragic accident to a child. Yet the careless attitude of many parents toward serious potential hazards in the home is often a source of concern to these investigating after the accident has occurred. Danger is always present when saucepans or kettles containing hot fluids are left where they can be upset; or where a poorly protected open fire or exposed heater is set at floor level; or electrical appliances are left on and unattended. The primary responsibility for the control of mishaps among preschool children rests upon the parents. It is they who must provide supervision, remove possible hazards and set a good example.

STATISTICAL REPORT FOR THE 31st WEEK ENDING AUGUST 4, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	5	8	1	369	638
DIPHTHERIA	0	0	0	0	1
GERMAN MEASLES	2	14	0	273	202
GONORRHEA	162	152	64	5894	4154
HEPATITIS, INF.	25	6	0	268	108
INFLUENZA	0	0	0	32	75
MEASLES	1	10	3	486	386
MENINGOCOCCAL INF.	0	0	0	9	22

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	1	1	0	19	14
MUMPS	11	10	2	902	340
PERTUSSIS	1	2	0	10	17
SALMONELLOSIS	0	3	2	50	52
SHIGELLOSIS	2	4	0	34	50
STREP. INFECTION	2	4	0	95	112
SYPHILIS	23	17	6	688	600
TUBERCULOSIS	6	18	5	227	258

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	2
TUBERCULOSIS	1

	1967	1966
DEATHS RECORDED FOR THE WEEK	179	197
BIRTHS RECORDED FOR THE WEEK	297	311

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

AUGUST 14, 1967

DEATHS FROM IMPORTANT CAUSES
SAN FRANCISCO, CALIFORNIA* AND UNITED STATES,* 1966

CAUSE OF DEATH	RATE PER 100,000 POPULATION			PERCENT OF TOTAL DEATHS		
	S.F.	Calif.	U.S.	S.F.	Calif.	U.S.
ALL CAUSES	1318.8	818.3	954.2	100.0	100.0	100.0
Heart Diseases	481.2	310.7	373.0	36.5	38.0	39.1
Malignant Neoplasms	230.1	138.5	154.7	17.4	16.9	16.2
Vascular Lesions, C.N.S.	134.6	86.6	104.5	10.2	10.6	11.0
Cirrhosis of Liver	78.1	21.3	13.5	5.9	2.6	1.4
Accidents	61.3	56.5	57.0	4.7	6.9	6.0
Influenza and Pneumonia	47.7	28.1	32.8	3.6	3.4	3.4
Suicides	33.8	17.9	10.3	2.6	2.2	1.1
Emphysema	26.7	14.3	11.6	2.0	1.8	1.2
Diseases of Early Infancy	23.4	22.3	26.5	1.8	2.7	2.8
Arteriosclerosis	22.8	14.5	19.5	1.7	1.8	2.0
Diabetes	16.3	10.9	18.1	1.2	1.3	1.9
Aortic Aneurysms	12.0	7.1	5.6	0.9	0.9	0.6

* Provisional 1966 Figures.

The overall death rates for 1966 increased slightly in San Francisco, California and the United States. The three jurisdictions also had the same three leading causes of death, viz., heart disease, cancer and vascular lesions of the central nervous system. Cirrhosis reverted to its traditional fourth place in San Francisco and the city's suicide rate was nearly twice that of California and three times that of the United States. Emphysema which was in tenth place last year is now eighth in San Francisco and tenth in California and the country as a whole.

STATISTICAL REPORT FOR THE 32nd WEEK ENDING AUGUST 11, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	2	7	0	371	638
DIPHTHERIA	0	0	0	0	1
GERMAN MEASLES	2	13	0	275	202
GONORRHEA	186	159	69	6080	4313
HEPATITIS, INF.	28	5	1	295	113
INFLUENZA	0	1	0	32	75
MEASLES	0	9	3	486	389
MENINGOCOCCAL INF.	0	2	0	9	24

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	1	2	0	20	16
MUMPS	8	12	4	910	344
PERTUSSIS	0	2	0	10	19
SALMONELLOSIS	5	3	0	55	53
SHIGELLOSIS	5	2	1	39	51
STREP. INFECTION	2	4	0	97	113
SYPHILIS	27	20	14	715	620
TUBERCULOSIS	6	12	7	233	266

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

NONE

	1967	1966
DEATHS RECORDED FOR THE WEEK	176	186
BIRTHS RECORDED FOR THE WEEK	255	312

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR AUGUST 21, 1967

SAN FRANCISCO PUBLIC LIBRARY

SCHOOL AHEAD

Next month, approximately 7,500 San Francisco children will start to school for the first time. School as well as health authorities recommend that each of these children be given a through medical examination before entering school. Trouble may be prevented by finding disorders that are easily correctable when diagnosed early. The parent is an important participant in the child's medical examination. During the examination, the doctor will want information that only a parent can supply such as, how current are the child's immunizations, what are his eating and sleeping habits, how many colds has he had, as well as other matters that parents know more about than anyone else. In addition, the doctor will want to know what parents can or will do if physical defects such as poor eyesight or loss of hearing are detected. These defects may need correction; and it is the parent who must carry through the responsibility for proper treatment. It is wise to start any such corrective measures early because adjusting to handicaps may be more upsetting when the child is also trying to adjust to his new life in school.

The child in school also needs to be physically healthy in order to learn effectively, and his health supervision is primarily his parent's responsibility. The school situation brings increased exposure to colds and respiratory ailments and to other contagious diseases, particularly if this is the child's first experience away from home. It is important that parents keep themselves informed on the health status of the child in school and cooperate by responding to health recommendations made by the school nurse or physician. In this way, health problems can be caught early before they have a chance to develop into serious conditions which may be difficult to correct.

* * * * *

On September 9 and 10, the U.C. San Francisco Medical Center will present a program entitled "A Second Look At The Health Of The School Child". The program will review critical contemporary school problems of interest to school administrators, school physicians, school nurses, educators and school board members. Registration will be on Saturday, September 9 at the Medical Center, Third and Parnassus Avenues. The registration fee is $25.00 and includes lunch. Advance registration is advised.

STATISTICAL REPORT FOR THE 33rd WEEK ENDING AUGUST 18, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	1	7	1	372	639
DIPHTHERIA	0	0	0	0	1
GERMAN MEASLES	1	8	0	276	202
GONORRHEA	205	189	70	6285	4502
HEPATITIS, INF.	17	6	1	312	115
INFLUENZA	0	0	0	32	75
MEASLES	0	19	1	486	392
MENINGOCOCCAL INF.	0	2	0	9	26

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	0	1	0	20	17
MUMPS	2	11	3	912	353
PERTUSSIS	0	2	0	10	19
SALMONELLOSIS	5	3	1	60	54
SHIGELLOSIS	7	2	0	46	62
STREP. INFECTION	2	11	2	99	117
SYPHILIS	22	33	12	737	653
TUBERCULOSIS	5	10	5	238	271

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	4

	1967	1966
DEATHS RECORDED FOR THE WEEK	170	217
BIRTHS RECORDED FOR THE WEEK	318	263

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — AUGUST 28, 1967

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AUG 28 1967

SAN FRANCISCO PUBLIC LIBRARY

BIRTH AND DEATH RATES
UNITED STATES, CALIFORNIA AND 5 COUNTIES
1960 - 1966

YEAR	U.S.	CALIF.	ALAMEDA	CONTRA COSTA	MARIN	SAN FRANCISCO	SAN MATEO
			BIRTH RATES*				
1960	23.6	23.7	22.9	22.8	22.9	19.9	22.5
1961	23.4	23.2	22.9	22.3	21.8	19.8	21.8
1962	22.4	22.1	21.7	20.7	20.7	19.0	20.6
1963	21.6	21.5	21.5	19.5	19.3	18.5	19.7
1964	21.2	20.6	20.5	18.9	18.5	17.5	18.7
1965	19.4	18.9	18.5	17.7	17.1	16.4	17.6
1966	18.5	18.0	17.1	N.A.	N.A.	15.2	N.A.
			DEATH RATES*				
1960	9.5	8.6	9.3	6.3	7.2	13.3	6.5
1961	9.3	8.3	9.0	6.1	6.5	13.1	6.5
1962	9.5	8.2	8.9	5.9	6.8	13.1	6.5
1963	9.6	8.4	9.3	6.1	6.5	13.3	6.6
1964	9.4	8.3	9.1	6.0	6.7	12.7	6.6
1965	9.4	8.1	8.8	6.4	6.8	12.9	6.8
1966	9.5	8.2	N.A	N.A	N.A	13.2	N.A

Again in 1966, birth rates continued the downward trend that began 10 years ago. In the United States, the 1966 rate was the lowest since 1936; the peak was 25.3 in 1957. California's 1966 rate was the lowest since 1941 when it was 17.3; its peak rate was 24.8 in 1947 with another high of 24.7 in 1957. San Francisco's birth rate of 15.2 in 1966 was the lowest since 1941. Decreases in birth rates reflect the decline in family size and more spacing between children that preceded use of "the pill" by several years. However as the post World War II children have families the number and rate of births per 1,000 total population will again increase.

* Per 1,000 population.

STATISTICAL REPORT FOR THE 34th WEEK ENDING AUGUST 25, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	2	4	0	374	642
DIPHTHERIA	0	0	0	0	1
GERMAN MEASLES	1	5	0	277	202
GONORRHEA	170	134	56	6455	4636
HEPATITIS, INF.	21	4	1	333	117
INFLUENZA	0	0	0	32	75
MEASLES	0	7	0	486	399
MENINGOCOCCAL INF.	0	0	0	9	26
MENINGITIS, OTHER	0	2	0	20	19
MUMPS	3	8	1	915	357
PERTUSSIS	0	0	0	10	19
SALMONELLOSIS	0	3	0	60	57
SHIGELLOSIS	3	1	0	49	53
STREP. INFECTION	0	7	0	99	117
SYPHILIS	23	40	12	759	693
TUBERCULOSIS	2	14	5	240	278

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	4
TUBERCULOSIS	1

	1967	1966
DEATHS RECORDED FOR THE WEEK	153	191
BIRTHS RECORDED FOR THE WEEK	260	220

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

SEPTEMBER 5, 1967

ACCIDENTAL DEATHS IN SAN FRANCISCO, 1966

AGE GROUP AND TYPE OF ACCIDENT	TOTAL	UNDER 5	5-14	15-24	25-44	45-64	65 & Over
TOTAL	454	21	17	54	103	114	145
Motor Vehicle	135	5	5	33	37	24	31
Falls	131	2	3	4	14	32	76
Poisoning	50	2	1	4	20	16	7
Fire	29	-	1	1	7	11	9
Suffocation	26	3	-	3	4	12	4
Other Transport	18	1	1	3	6	2	5
Drowning	18	6	4	1	4	2	1
All Other	47	2	2	5	11	15	12
HOME ACCIDENTS (included in above)	170	13	5	7	34	50	61

Accidents rank fifth as a cause of death in San Francisco, outranking influenza and pneumonia, suicides, arteriosclerosis, and diabetes. About one-third of the fatal accidents occurred to persons over 65 years of age, and more than half of these were the result of falls. Nearly 33% of the motor vehicle deaths involved pedestrians. 170 or about 37% of the 454 total fatalities resulted from accidents which occurred in and/or about the home.

It should be noted these data do not reflect the enormous problem of non-fatal home accidents, an estimated 20% of which result in disability - often permanent. Practically all accidents are preventable - if one not only "drives defensively" but also "lives defensively".

STATISTICAL REPORT FOR THE 35th WEEK ENDING SEPTEMBER 1, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	0	9	0	374	644
DIPHTHERIA	0	0	0	0	1
GERMAN MEASLES	4	6	0	281	203
GONORRHEA	153	165	80	6608	4769
HEPATITIS, INF.	21	10	1	354	118
INFLUENZA	0	2	0	32	75
MEASLES	0	5	1	486	403
MENINGOCOCCAL INF.	0	1	0	9	27

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	1	2	0	21	19
MUMPS	12	20	1	927	358
PERTUSSIS	3	0	0	13	19
SALMONELLOSIS	5	4	1	65	61
SHIGELLOSIS	0	6	1	49	55
STREP. INFECTION	2	7	0	101	117
SYPHILIS	12	32	15	771	715
TUBERCULOSIS	2	17	6	242	287

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 3

	1967	1966
DEATHS RECORDED FOR THE WEEK	164	159
BIRTHS RECORDED FOR THE WEEK	263	301

9-11-67

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — SEPTEMBER 11, 1967

YOUTH OPPORTUNITY PROGRAM, 1967

The summer of 1967 was the second year that the San Francisco Department of Public Health accepted trainees under the U.S. Public Health Service Communicable Disease Center's Youth Opportunity Campaign. Thirteen trainees from many ethnic groups were allocated to the Health Department this year, compared to eight last year. They were hired through the California State Department of Employment's Youth Division which every summer sets up special facilities for the recruitment of students for summer work. About thirty students were interviewed to hire the thirteen needed.

The necessary planning and arrangements for placing and orienting the youths were coordinated by Dr. Francis J. Curry, Assistant Director of Public Health, Public Health Services. The trainees were spread through the city at health centers, the general hospital and the central administrative office at 101 Grove Street. Their assignments were varied and included such diversified tasks as washing bottles, providing messenger service, acting as interpreters, doing several kinds of clerical work, assisting in the child health conferences, compiling data and relieving the professional staff of minor routine chores.

The program was a working-learning experience for these youths, all of whom made the transition from totally inexperienced to steady, capable workers eager to learn and accept responsibility. The trainees' supervisors and other employees were impressed by their initiative and sense of responsibility. Many trainees demonstrated unrealized skills and talents. One received a $50 cash award for superior performance, the only such award made in the United States. Mayor Shelley and the Health Department were each awarded a certificate for their respective roles in the campaign. Final reports indicate that the work program was a once-in-a-lifetime happening for many of these underprivileged youths and that the results both for them and for the Health Department justified the entire program.

STATISTICAL REPORT FOR THE 36th WEEK ENDING SEPTEMBER 8, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	0	11	1	374	655
DIPHTHERIA	0	0	0	0	1
GERMAN MEASLES	2	2	0	283	203
GONORRHEA	264	150	87	6872	4919
HEPATITIS, INF.	14	5	2	368	121
INFLUENZA	0	0	0	32	75
MEASLES	0	2	0	486	404
MENINGOCOCCAL INF.	0	2	0	9	27

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	0	1	0	21	19
MUMPS	6	6	0	933	364
PERTUSSIS	5	1	0	18	19
SALMONELLOSIS	5	4	1	70	64
SHIGELLOSIS	3	2	0	52	55
STREP. INFECTION	2	1	0	103	118
SYPHILIS	26	26	5	797	741
TUBERCULOSIS	12	10	3	254	297

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
PNEUMONIA	1
VIRAL HEPATITIS	1

	1967	1966
DEATHS RECORDED FOR THE WEEK	141	138
BIRTHS RECORDED FOR THE WEEK	229	210

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WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR SEPTEMBER 18, 1967

THE COMING INFLUENZA SEASON

San Francisco's influenza season traditionally runs from late December to the end of April, reaching a peak incidence in February or March.

Annual influenza immunization is not currently indicated for all individuals but should be given to persons in the three groups known to experience high mortality from epidemic influenza. These would be:

1. Those who suffer from chronic cardiovascular, pulmonary, renal or metabolic diseases.
2. Those over 45 years of age. As it has been recognized that they have an increased mortality. This is even more notable in those over 65.
3. Patients residing in nursing homes, chronic disease hospitals and other such environments; since their crowded living arrangements may allow greater spread of disease once an outbreak has been established.

Primary immunization involves taking two injections of the influenza vaccine six to eight weeks apart. This would be necessary for those who have not had previous immunizations, or had them prior to July 1963. For these people to have the necessary protection by the time the influenza season starts, they should make arrangements to start their immunizations as soon after the 1st of October as possible.

A single "booster" injection is all that is necessary for those who have had influenza immunizations subsequent to July 1963. It is recommended that these individuals secure their immunization about the beginning of December. Since the vaccine used is produced in eggs, it should not be given to those who are allergic to eggs or egg products.

Whether immunization is done or not, there are basic preventive measures which all should follow: avoid fatigue and maintain an adequate diet; cover coughs and sneezes with a handkerchief or tissue since influenza is most easily transmitted during the early stages and care should be taken to control the airborne spread of infection.

If symptoms start, go to bed. If the illness turns out to be nothing more than a common cold, you will get well sooner; meantime, you will not have spread your disease to others. Keep warm and out of drafts. If you have a fever, call your doctor.

STATISTICAL REPORT FOR THE 37th WEEK ENDING SEPTEMBER 15, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	0	3	1	374	658
DIPHTHERIA	0	0	0	0	1
GERMAN MEASLES	0	4	0	283	207
GONORRHEA	211	144	55	7083	5063
HEPATITIS, INF.	11	16	1	377	125
INFLUENZA	1	0	0	33	75
MEASLES	0	6	0	486	408
MENINGOCOCCAL INF.	0	1	0	9	27

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	0	4	0	22	19
MUMPS	3	5	1	936	369
PERTUSSIS	0	2	0	18	20
SALMONELLOSIS	7	4	1	77	67
SHIGELLOSIS	1	2	0	53	55
STREP. INFECTION	3	6	2	106	120
SYPHILIS	21	30	9	818	765
TUBERCULOSIS	6	15	3	260	301

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	8
TUBERCULOSIS	2

	1967	1966
DEATHS RECORDED FOR THE WEEK	190	182
BIRTHS RECORDED FOR THE WEEK	400	307

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR SEPTEMBER 25, 1967

FLEA BITES

Fleas are small insects which feed on animal or human blood, without which they can neither breed nor survive. Though some species are capable of transmitting disease, the principal cause for complaint in the Bay Area counties results from the painful itching caused by flea bites occurring most frequently during the summer and fall months. Most of the complaints are due to the cat and dog flea; and to a lesser extent, the human flea.

A concentration of bites on the lower part of the legs usually indicates the presence of fleas from a pet cat or dog in the home, and the infestation can be traced to the area of the house where the animal spends most of its time. Where there is no household pet, a sudden appearance of fleas may be due to a stray animal which had its litter under the house, in the basement or some similar place; and upon departure, its fleas are left behind to bite man. The bites of the human flea, are characteristically distributed over the entire body rather than just on the legs. Moreover, these fleas are more apt to be found in the bed or bedroom than in other parts of the house; and examination will frequently reveal the tell-tale "flea spots" in the bedding.

The best way to prevent flea infestation in the home is to stop it at its source. Any pet shop can supply an insecticide dust which will be effective in killing fleas when applied directly to dogs or cats. In addition, the infested rooms and household areas frequented by pets should be thoroughly cleaned with a vacuum cleaner to remove debris in which flea larvae may hide or on which they might feed. This should include carpets, rugs, upholstered furniture and similar materials. The directions on the insecticide container should be read and precautions carefully followed. Finally, after each use, the container should be tightly sealed and put well out of the sight and reach of children.

STATISTICAL REPORT FOR THE 38th WEEK ENDING SEPTEMBER 22, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966	CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	1	14	1	375	659	MENINGITIS, OTHER	1	2	0	23	19
DIPHTHERIA	0	0	0	0	1	MUMPS	5	28	3	941	372
GERMAN MEASLES	2	4	0	285	211	PERTUSSIS	0	2	0	18	22
GONORRHEA	204	187	59	7289	5190	SALMONELLOSIS	0	7	0	77	70
HEPATITIS, INF.	21	11	1	398	136	SHIGELLOSIS	0	4	1	53	59
INFLUENZA	0	2	0	33	75	STREP.. INFECTION	2	5	1	108	122
MEASLES	0	8	1	486	409	SYPHILIS	37	24	11	855	783
MENINGOCOCCAL INF.	0	2	0	9	27	TUBERCULOSIS	8	9	2	268	306

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

			1967	1966
PNEUMONIA	4			
SYPHILIS	1	DEATHS RECORDED FOR THE WEEK	187	187
TUBERCULOSIS	1	BIRTHS RECORDED FOR THE WEEK	282	354

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR OCTOBER 9, 1967

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THE HEALTH DEPARTMENT'S POISON CONTROL CENTER

There are approximately 500 poison control centers in the United States, eight of which are located in California. These centers furnish information to inquiring physicians on the composition and possible toxicity of trade-name products, the symptoms which follow their ingestion or contact, and the currently accepted method of treatment. Many of them are also equipped to give treatment.

The first of these centers was officially set up in 1953 in Chicago. But previous to this time, our Central Emergency Hospital, without being formally designated as a Poison Control Center, was supplying this information to physicians and managing poisoning cases as a routine function of its service. Today, the Central Emergency Hospital handles over 1,000 cases of poisonings or suspected poisonings annually. In addition, all of our emergency hospitals maintain a complete stock of specific antidotes, and equipment is always available for gastric lavage and other procedures useful in combatting the effects of poisoning. At Central Emergency Hospital a library of current literature in regard to poisoning is available to members of the medical profession and to the other emergency hospitals, when situations arise which have not been previously encountered or are not covered in the handbooks found in each hospital. The stewards and nurses have had long experience in handling poisoning cases, and the doctors are trained in the various procedures for treatment. At the San Francisco General Hospital, services, including the artificial kidney, are available for management of more complicated cases.

In the treatment of poisoning, as in all other emergencies, the Emergency Hospital service acts as an auxiliary to the medical profession. This unique poisoning control service operates 24 hours a day, 7 days a week, and is always ready to pinch-hit when the family doctor cannot be located or when a physician needs help. The fact that there is always readily available, the service, the equipment, and the personnel to take care of these urgent conditions, is of inestimable benefit to the community and the medical profession alike.

The telephone number of our Poison Control Center is 431-2800.

STATISTICAL REPORT FOR THE 40th WEEK ENDING OCTOBER 6, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	2	10	0	381	666
DIPHTHERIA	0	0	0	0	1
GERMAN MEASLES	0	4	1	286	217
GONORRHEA	238	148	82	7821	5498
HEPATITIS, INF.	10	6	1	430	138
INFLUENZA	0	2	0	33	76
MEASLES	0	7	0	486	417
MENINGOCOCCAL INF.	1	1	0	10	28

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	0	4	1	24	20
MUMPS	2	11	1	945	381
PERTUSSIS	0	1	0	18	23
SALMONELLOSIS	1	12	1	85	85
SHIGELLOSIS	1	2	0	54	60
STREP. INFECTION	2	3	0	110	123
SYPHILIS	21	24	17	898	832
TUBERCULOSIS	11	16	7	283	329

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	5

	1967	1966
DEATHS RECORDED FOR THE WEEK	160	165
BIRTHS RECORDED FOR THE WEEK	403	345

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR OCTOBER 16, 1967

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A SAFE MILK SUPPLY

Anyone purchasing milk today in San Francisco can do so with complete confidence in the high quality and safety of the product. The assurance of the highest quality of the milk sold im San Francisco is the responsibility of the Bureau of Dairy and Milk Inspection of the San Francisco Department of Public Health. Local state and federal regulations specify the conditions under which milk is produced, processed and distributed. Milk inspectors interpret these regulations to the members of the dairy industry and secure their cooperation in complying with all the laws that apply to their industry.

Periodic inspections are made at the dairy farm to insure that dairy animals producing milk are healthy, properly cared for, and milked in a clean manner. The milk itself must be handled in clean and sanitized equipment, cooled immediately after milking and be of a good flavor and keeping quality. Inspections are made at the processing plants by the milk inspectors to insure that the processing equipment is clean and sanitized, the pasteurizing equipment is being properly operated and the bottling is done in a sanitary manner. Samples of milk are taken from the producers, distributors, stores and restaurants and analyzed by the public health laboratory of this Department, which performs bacterial counts and checks for quality as to fat content and solids not fat, and for adulteration with water, pesticides and antibiotics.

Each day approximately 1,000,000 pounds of raw milk is shipped into San Francisco to be pasteurized and distributed to the consumer. Even with careful control of milk production and distribution, pasteurization is a public health necessity to destroy any causative agent of disease and to prolong keeping quality.

The common objective of the dairy industry and milk control agencies is to provide the consumer with a safe, wholesome and nutritious product.

STATISTICAL REPORT FOR THE 41st WEEK ENDING OCTOBER 13, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966	CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	0	4	0	381	666	MENINGITIS, OTHER	1	2	0	25	22
DIPHTHERIA	0	0	0	0	1	MUMPS	1	23	4	946	391
GERMAN MEASLES	1	4	0	287	217	PERTUSSIS	1	1	0	19	24
GONORRHEA	210	169	74	8031	5667	SALMONELLOSIS	2	5	1	87	86
HEPATITIS, INF.	8	5	1	437	144	SHIGELLOSIS	2	7	0	56	62
INFLUENZA	0	3	0	33	76	STREP. INFECTION	0	3	1	110	125
MEASLES	1	6	0	487	418	SYPHILIS	14	56	18	912	855
MENINGOCOCCAL INF.	0	1	0	10	28	TUBERCULOSIS	6	11	2	289	339

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

			1967	1966
PNEUMONIA	1	DEATHS RECORDED FOR THE WEEK	132	184
		BIRTHS RECORDED FOR THE WEEK	309	265

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — OCTOBER 23, 1967

NUTRITION AND THE AGED

Though age by itself does not produce any nutritional problems that do not have their counterpart at all stages of adult life, proper nutrition can help to prolong a healthy condition and forestall the early onset of chronic illness and dependency. Two of the problems with which public health is concerned in this regard are obesity and malnutrition. Increasing numbers of persons now live to the ages when obesity impairs their health and life expectancy and for this reason public health officials and physicians today feel that in the light of our present knowledge, weight control is a logical approach to the promotion and maintenance of optimal health and the prevention of some of the chronic diseases in middle and later life. Weight control is the patient's responsibility, and it is the job of the physician and others to educate the patient to accept this responsibility and to show him how to reach his objective.

The other side of this problem of weight control, not as common, but just as difficult to manage is malnutrition. The older person, observing deteriorative changes in himself and a loss of a sense of well-being, is particularly susceptible to the propaganda regarding "nutritional" treatments, "miracle diets" and special food nostrums for the preservation of vigor or the extension of life. Adherence to these food fads frequently results in diet inadequacy and malnutrition. Part of the problem of providing nutritional help for the older person is in educating him to the belief that his nutritional needs are not different in kind, but only in amount. A well-balanced diet of meat, milk, fruit, vegetables and cereals is as important for the older individual as for the child or young adult.

The private physician, the health department, and, in fact, the entire community, each has a responsibility in the solution of these problems and in conserving and promoting the health of our older people. What we do for and with our older people today, we shall be doing for ourselves tomorrow.

STATISTICAL REPORT FOR THE 42d WEEK ENDING OCTOBER 20, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	3	7	0	384	672
DIPHTHERIA	0	0	0	0	1
GERMAN MEASLES	1	2	0	288	217
GONORRHEA	219	125	72	8250	5775
HEPATITIS, INF.	18	16	4	455	149
INFLUENZA	0	0	0	33	76
MEASLES	1	9	0	488	421
MENINGOCOCCAL INF.	0	2	0	10	28

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	2	2	0	27	22
MUMPS	5	16	3	951	396
PERTUSSIS	0	3	0	19	25
SALMONELLOSIS	3	19	2	90	88
SHIGELLOSIS	3	3	1	59	63
STREP. INFECTION	0	6	3	110	129
SYPHILIS	32	30	11	943	870
TUBERCULOSIS	7	13	4	296	343

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	3

	1967	1966
DEATHS RECORDED FOR THE WEEK	192	158
BIRTHS RECORDED FOR THE WEEK	371	362

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — OCTOBER 30, 1967

HALLOWEEN HAZARDS

Halloween is more carefully supervised and a less destructive holiday than it was a few decades ago. But it is still not completely free of hazards. Most of the dangers to children can be forestalled with a little thought on the part of adults.

Safe practices need not take the fun out of Halloween. Youngsters get great pleasure out of dressing up in horrifying costumes and prowling the neighborhood in an innocent quest of "trick-or-treat." There is no need to discourage these excursions. But the parents who launch the children forth, the motorists who encounter them on the streets and the homeowners at whose houses they call should be aware that these excited children are rarely cautious. Adults therefore should exercise an extra measure of precaution by following these suggestions:

1. Don't allow the child to carry a knife or other sharp instrument, nor should they use lighted torches or candles. If a light is necessary, make sure it is battery powered.
2. Masks should not obstruct a child's vision or breathing and his costume should be sufficiently short so that the child will not trip on it.
3. Avoid dark costumes if possible. If they must be used, mark them with reflecting tape or liquid "paint" that shines in the dark or reflects light, so that motorists can see them.
4. Motorists should be extra cautious of the bands of youngsters who will be out and who may cross in the middle of the street or dart from between parked cars.
5. Homeowners can make things safe for the children by lighting their property so they will not trip on stairs or other obstacles.

Observance of these common-sense suggestions will help ensure that our youngsters enjoy a fun-filled yet safe Halloween.

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STATISTICAL REPORT FOR THE 43rd WEEK ENDING OCTOBER 27, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	9	32	1	393	677
DIPHTHERIA	0	0	0	0	1
GERMAN MEASLES	3	3	0	291	218
GONORRHEA	180	183	78	8430	5958
HEPATITIS, INF.	9	10	2	463	159
INFLUENZA	0	2	0	33	76
MEASLES	0	6	3	488	426
MENINGOCOCCAL INF.	0	1	0	10	28

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	1	3	0	28	22
MUMPS	10	24	3	961	403
PERTUSSIS	0	0	0	19	25
SALMONELLOSIS	6	6	0	96	90
SHIGELLOSIS	0	2	0	59	63
STREP. INFECTION	2	8	0	112	131
SYPHILIS	20	30	20	963	890
TUBERCULOSIS	6	20	5	302	354

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 3

	1967	1966
DEATHS RECORDED FOR THE WEEK	183	205
BIRTHS RECORDED FOR THE WEEK	262	276

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR NOVEMBER 6,1967

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LEADING CAUSES OF DEATHS FOR SAN FRANCISCO WHITES, NEGROES AND CHINESE WITH RANK ORDER AND RATE PER 100,000 POPULATION, 1966

	WHITE		NEGROES		CHINESE	
	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE
ALL CAUSES	8622	1508.9	662	708.8	337	785.5
HEART DISEASES	3246	568.1	159	170.2	115	268.1
MALIGNANT NEOPLASMS	1511	264.4	101	108.1	67	156.2
VASCULAR LESIONS, C.N.S.	909	159.1	36	38.5	36	83.9
CIRRHOSIS OF LIVER	520	91.0	39	41.8	9	21.0
ACCIDENTS	372	65.1	58	62.1	13	30.3
INFLUENZA AND PNEUMONIA	311	54.4	34	36.4	4	9.3
SUICIDES	223	39.0	9	9.6	15	35.0
EMPHYSEMA	181	31.7	10	10.7	5	11.7
ARTERIOSCLEROSIS	160	28.0	3	3.2	4	9.3
DISEASES OF CIRCULATORY SYSTEM	160	28.0	19	20.3	9	21.0
DISEASES OF EARLY INFANCY	104	18.2	54	57.8	8	18.6
DIABETES	101	17.7	14	15.0	3	7.0
ULCERS, STOMACH AND DUODENUM	68	11.9	6	6.4	3	7.0
HERNIA, INTESTINAL OBSTRUCTION	55	9.6	1	1.1	1	2.3
CONGENITAL MALFORMATIONS	50	8.8	7	7.5	7	16.3
HOMICIDES	29	5.1	28	30.0	-	-
TUBERCULOSIS	27	4.7	5	5.4	5	11.7

Diseases of the heart and cancer are the principal causes of death in the three listed ethnic groups in San Francisco. Rates for whites are considerably higher than either of the other groups because of the greater number of middle-aged and elderly in the white population. Vascular lesions of the C.N.S., the third cause of death among whites and Chinese, is fifth among Negroes, being exceeded in that group by accidents and cirrhosis of the liver. The rate among Negroes for certain diseases of early infancy is still more than twice as high as for whites. The death rate for tuberculosis among the Chinese remains more than twice that for whites.

STATISTICAL REPORT FOR THE 44th WEEK ENDING NOVEMBER 3, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	6	11	1	399	678
DIPHTHERIA	0	0	0	0	1
GERMAN MEASLES	1	6	0	292	219
GONNORRHEA	263	180	58	8693	6138
HEPATITIS, INF.	7	4	1	467	163
INFLUENZA	0	2	0	33	76
MEASLES	0	10	1	488	428
MENINGOCOCCAL INF.	0	2	0	10	28

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	1	5	0	29	24
MUMPS	4	25	3	965	428
PERTUSSIS	0	2	0	19	25
SALMONELLOSIS	0	19	1	96	92
SHIGELLOSIS	0	8	0	59	64
STREP. INFECTION	1	5	1	113	136
SYPHILIS	20	30	22	983	920
TUBERCULOSIS	21	17	5	323	359

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 5

	1967	1966
DEATHS RECORDED FOR THE WEEK	195	183
BIRTHS RECORDRD FOR THE WEEK	248	329

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WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR NOVEMBER 13, 1967

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NATIONAL DIABETES WEEK

November 12 to 18

Diabetes is the eleventh cause of death in San Francisco and was responsible for the death of 121 persons in 1966. Such statistics might lead one to infer that diabetes is unimportant. Actually, the number of deaths ascribed to diabetes is but a fraction of the deaths among diabetic individuals.

Each year in November a week is set aside to focus attention on this widespread public health problem. Although it can develop at any age, diabetes is more likely to appear among those over 40 years of age who are overweight, more often in women, particularly women who have large babies and more likely among those who have diabetic relatives. Mass surveys which emphasize examinations of individuals in the above categories uncover a relatively large number of persons with diabetes most of whom never knew they were diabetics.

Diagnosis can always be confirmed by simple laboratory procedures which should be a routine part of every physical checkup. When the condition is discovered early, it is possible that by modifying one's diet and activities, the disease can be controlled and subsequent complications prevented. Frequently insulin or one of the newer oral insulin-like drugs are also required. Though it is never safe to say that a diabetic is "cured", intelligent cooperation with his physician's recommendations will enable a diabetic to live as long with his condition as he might have expected to live without it.

STATISTICAL REPORT FOR THE 45th WEEK ENDING NOVEMBER 10, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	1	8	1	400	679
DIPHTHERIA	0	0	0	0	1
GERMAN MEASLES	1	6	0	293	219
GONORRHEA	211	179	77	8904	6317
HEPATITIS, INF.	21	12	1	488	168
INFLUENZA	0	1	0	33	76
MEASLES	0	4	2	488	431
MENINGOCOCCAL INF.	0	1	0	10	28

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	0	2	0	29	26
MUMPS	7	38	2	972	430
PERTUSSIS	0	1	0	19	25
SALMONELLOSIS	3	6	1	99	93
SHIGELLOSIS	3	3	0	62	64
STREP. INFECTION	1	5	1	114	137
SYPHILIS	13	36	16	996	943
TUBERCULOSIS	10	11	9	333	368

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

KLEBSIELLA MENINGITIS	1
VIRAL HEPATITIS	1
PNEUMONIA	2

	1967	1966
DEATHS RECORDED FOR THE WEEK	184	132
BIRTHS RECORDED FOR THE WEEK	362	235

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WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR NOVEMBER 20, 1967

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"PKU"

Phenylketonuria, or "PKU", is an inherited metabolic disorder which brings about an accumulation of phenylalanine in the blood of affected infants and results in brain damage and mental retardation. It has been detected in 1 of every 10,000 infants tested in a 29-state investigation conducted in 1962-63. The disorder can be easily detected, and when diagnosed early, can be favorably modified by dietary management, thus reducing the degree of brain damage. The infant with PKU appears normal at birth and parents may be unaware that brain damage is occurring. Usually it is not until brain damage has occurred that parents notice that something is wrong.

Beginning January 1, 1966, California State legislation required compulsory testing of newborns and infants under one month when admitted to a hospital with the responsibility for screening and follow-up resting with the hospital and the physician. For infants having no physician, the Health Department's Crippled Children Services can provide a definitive diagnosis and under certain conditions can pay for treatment.

PKU is a disease that runs in families by means of an inherited and transmitted propensity. If one member of a family is found to have the disease, all infants in the entire family should be checked early in life. In this way, cases can be found while treatment is most effective. Similar PKU screening programs of pre-school children and mentally retarded persons would uncover the high risk group who propagate the PKU population to succeeding generations.

The key to curbing the growth of this mental deficiency, is early case-finding and treatment. The earlier the treatment, the less damage is done.

STATISTICAL REPORT FOR THE 46th WEEK ENDING NOVEMBER 17, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	1	24	3	401	703
DIPHTHERIA	0	0	0	0	1
GERMAN MEASLES	1	5	0	294	219
GONORRHEA	277	131	75	9181	6446
HEPATITIS, INF.	9	21	2	497	172
INFLUENZA	1	2	0	34	76
MEASLES	2	7	0	490	434
MENINGOCOCCAL INF.	0	1	0	10	28

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	1	2	0	30	26
MUMPS	7	39	3	979	442
PERTUSSIS	0	3	0	19	25
SALMONELLOSIS	6	6	1	105	103
SHIGELLOSIS	0	5	0	62	60
STREP. INFECTION	1	8	0	115	137
SYPHILIS	22	20	16	1018	962
TUBERCULOSIS	8	12	3	341	371

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	5
TUBERCULOSIS	2

	1967	1966
DEATHS RECORDED FOR THE WEEK	174	219
BIRTHS RECORDED FOR THE WEEK	337	340

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — NOVEMBER 27, 1967

THE BABY SITTER AND CHILD PROTECTION

One of the customs of our American way of life is the widespread use of baby sitting services. As the family unit has gradually contracted, with grandparents and other family members maintaining separate living quarters, more and more parents have called in outsiders to "sit" with the children. In spite of this general practice, many parents are uneasy about leaving their children. They ask themselves - what if there is an emergency? Is there anything we can do to insure the safety of our children? This concern is real since statistics show that during 1966, 38.2% of the accidental deaths to San Francisco children under 5 years of age occurred in the home. These figures serve to emphasize the importance of supervision not only on the part of parents but of others including baby sitters who have custody of children. What are some of the things that parents can do to help baby sitters observe proper protective measures? Both written and verbal instruction should include:

(1) Where the parents will be, when they will be back, and how they can be reached.
(2) Phone numbers of the doctor, fire and police departments, the Emergency Hospital service, and a neighbor's phone.
(3) The location of first aid supplies and how the sitter should treat a slight cut or burn.
(4) Safety reminders children most frequently need: stay away from stoves, stairs, windows, etc.
(5) Keep scissors, pins, matches, medicines, poisons and other dangerous objects out of child's reach.
(6) Use stove and other gas or electric appliances in a safe manner.
(7) Never leave a child in the bathtub while answering the telephone or doorbell.
(8) Know who, if anyone, should be admitted into the home during the parents' absence.

STATISTICAL REPORT FOR THE 47th WEEK ENDING NOVEMBER 24, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	2	16	2	403	705
DIPHTHERIA	0	0	0	0	1
GERMAN MEASLES	0	5	1	294	220
GONORRHEA	207	161	77	9388	6607
HEPATITIS, INF.	6	7	1	503	173
INFLUENZA	0	0	0	34	76
MEASLES	2	17	1	492	440
MENINGOCOCCAL INF.	0	1	0	10	28

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	0	2	0	30	26
MUMPS	6	19	6	985	453
PERTUSSIS	1	0	0	20	25
SALMONELLOSIS	3	10	0	108	105
SHIGELLOSIS	1	2	0	63	66
STREP. INFECTION	0	9	1	115	138
SYPHILIS	16	34	20	1034	983
TUBERCULOSIS	6	17	3	347	381

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	2

	1967	1966
DEATHS RECORDED FOR THE WEEK	150	152
BIRTHS RECORDED FOR THE WEEK	247	279

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — DECEMBER 4, 1967

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MEASLES IMMUNIZATION

A new state law requires that beginning January 1, 1968, all students be immunized against measles (Rubeola) prior to their first admission to schools in California. Students of public, parochial and private schools are included, from kindergarten or first grade through junior college. The new regulation applies only to those students seeking their first admission to school and not to pupils already enrolled. Transfer pupils from other California school districts will have fulfilled their requirement at their previous school. Nursery schools are excluded.

It is the responsibility of the family to maintain records of immunization. In the event that written records cannot be secured, the parent may sign a statement that the immunization has been obtained or that the pupil has had measles. Otherwise a record of measles immunization from the parent or guardian or a statement signed by a physician should be presented at school to qualify a pupil for admission. Students seeking immunization will be referred to their family physician. Those in need of Public Health Department assistance will be referred to their district Health Center. Failure to comply with these regulations within two weeks of the date of entry will result in the student's exclusion from school.

Immunization is not required if a written statement by a physician indicates that the inoculation would be detrimental to a pupil's health or if a statement is filed that immunization is contrary to the student's belief.

STATISTICAL REPORT FOR THE 48th WEEK ENDING DECEMBER 1, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	0	13	2	403	718
DIPHTHERIA	0	0	0	0	1
GERMAN MEASLES	5	3	0	299	222
GONORRHEA	310	161	86	9698	6768
HEPATITIS, INF.	6	7	1	509	177
INFLUENZA	0	0	0	34	76
MEASLES	4	7	1	496	447
MENINGOCOCCAL INF.	0	2	0	10	28
MENINGITIS, OTHER	1	2	0	31	26
MUMPS	8	22	13	993	468
PERTUSSIS	0	1	0	20	25
SALMONELLOSIS	1	6	0	109	108
SHIGELLOSIS	2	2	1	65	67
STREP. INFECTION	0	14	1	115	140
SYPHILIS	18	26	11	1052	1005
TUBERCULOSIS	12	14	4	359	389

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

AMEBIASIS	1
PNEUMONIA	4
SARCOIDOSIS	1
TUBERCULOSIS	2

	1967	1966
DEATHS RECORDED FOR THE WEEK	193	202
BIRTHS RECORDED FOR THE WEEK	222	331

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — DECEMBER 11, 1967

CHOOSING SAFE TOYS

Every occupation has its tools, and toys become the tools which help children mature. A child is helped to grow up if the toys are right for his stage of development. By providing a child with safe and suitable toys, the attractions of the adult world which are frequently hazardous for him will be minimized.

Accidents in the home are the leading causes of death and disability in young children. Unsafe toys, unsafe use of toys and hazardous playing conditions are responsible for many needless home accidents. Toy manufacturers are concerned with safety features in their design of toys. This is good, but does not relieve parents of their responsibility. Some pointers for parents on hazards associated with toys are:

INFANTS AND PRE-SCHOOL CHILDREN

1. Toys with sharp points or edges, or which may break into sharp pieces (e.g.: toys made of weak plastic).
2. Toys with lead-based or other poisonous paints.
3. Beads, marbles, detachable eyes and parts, etc. which can be swallowed or put in the nose or ears.
4. Electrical toys.
5. Flammable toys and costumes.

SCHOOL-AGE CHILDREN:

1. Electrical toys and equipment not approved by Underwriters' Laboratories.
2. Flammable toys and costumes.
3. Shooting toys, darts with points and other sharp pointed toys which might endanger the eyes.
4. Cap-guns with unenclosed firing chambers.
5. Sharp edge tools too large for the child to handle easily.
6. Dangerous sporting equipment (guns, knives, etc.) unless they can be used under adult supervision.

In addition to the safety features of the toy itself, its safe use is important. With proper supervision a chemistry set may be safe for older children, but extremely hazardous for young children. A scooter may be substantially built but safe riding methods are required to prevent accidents. Child safety is ever dependent on parental concern, supervision and teaching.

STATISTICAL REPORT FOR THE 49th WEEK ENDING DECEMBER 8, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966	CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	3	58	12	406	735	MENINGITIS, OTHER	4	2	0	35	26
DIPHTHERIA	0	0	0	0	1	MUMPS	10	45	6	1003	513
GERMAN MEASLES	3	6	2	302	225	PERTUSSIS	0	1	0	20	25
GONORRHEA	106	163	50	9803	6931	SALMONELLOSIS	3	6	0	112	112
HEPATITIS, INF.	7	9	2	516	186	SHIGELLOSIS	1	2	0	66	69
INFLUENZA	0	0	0	34	76	STREP. INFECTION	1	10	4	116	147
MEASLES	0	9	0	496	455	SYPHILIS	12	22	12	1064	1026
MENINGOCOCCAL INF.	0	3	0	10	28	TUBERCULOSIS	11	18	7	340	399

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:			1967	1966
ACTINOMYCOSIS	1	DEATHS RECORDED FOR THE WEEK	215	188
INFLUENZA	1			
PNEUMONIA	7	BIRTHS RECORDED FOR THE WEEK	320	323

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR DECEMBER 18, 1967

HOLIDAY TRAFFIC HAZARDS

During 1966, 87 persons were killed and 9,647 were injured in traffic accidents. Of the 87 deaths, 38 persons(44%) were pedestrians and of the 9,647 persons injured, 1,399 (15%) were pedestrians. Pedestrians were disproportionately high in the number of the deaths from traffic accidents which peaked in December. Approximately one-fifth of the pedestrians killed in motor vehicle accidents last year were 65 years of age or older.

Inclement weather, reduced visibility and Christmas shopping makes December the most hazardous month for traffic accidents. Added to the usual dangers this year, are two long holiday weekends, with the resultant increase of traffic on streets and highways, parties and social drinking. This combination of factors emphasizes the need for increased vigilance. Everyone must protect himself, but, in addition, be especially careful of those, both young and old, who may be less able to watch out for their own safety. The following rules should be kept in mind during the coming weeks:

Holiday Mood: - Don't venture into the street, walking or driving, if you've been drinking. "If you drive, don't drink, -- if you drink, don't drive", is a good motto, particularly during the holiday season.

Darkness: - When you drive, darkness is a signal to slow down to increase vigilance. When you walk, remember that motorists may not see you in the dark, so proceed cautiously, stay alert, and wear or carry something light colored. Cross streets in pedestrian lanes, and cross on green or walk signals only.

STATISTICAL REPORT FOR THE 50th WEEK ENDING DECEMBER 15, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	3	39	2	409	755
DIPHTHERIA	0	0	0	0	1
GERMAN MEASLES	1	14	2	303	232
GONORRHEA	313	170	70	10,116	7101
HEPATITIS, INF.	13	5	1	528	191
INFLUENZA	0	2	0	34	76
MEASLES	0	39	0	496	456
MENINGOCOCCAL INF.	0	1	0	10	29

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	3	3	0	38	27
MUMPS	7	41	7	1010	531
PERTUSSIS	0	3	0	20	27
SALMONELLOSIS	2	4	0	114	112
SHIGELLOSIS	0	4	0	66	69
STREP. INFECTION	0	13	0	116	149
SYPHILIS	18	26	12	1082	1078
TUBERCULOSIS	4	26	3	374	402

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 7

	1967	1966
DEATHS RECORDED FOR THE WEEK	176	197
BIRTHS RECORDED FOR THE WEEK	297	301

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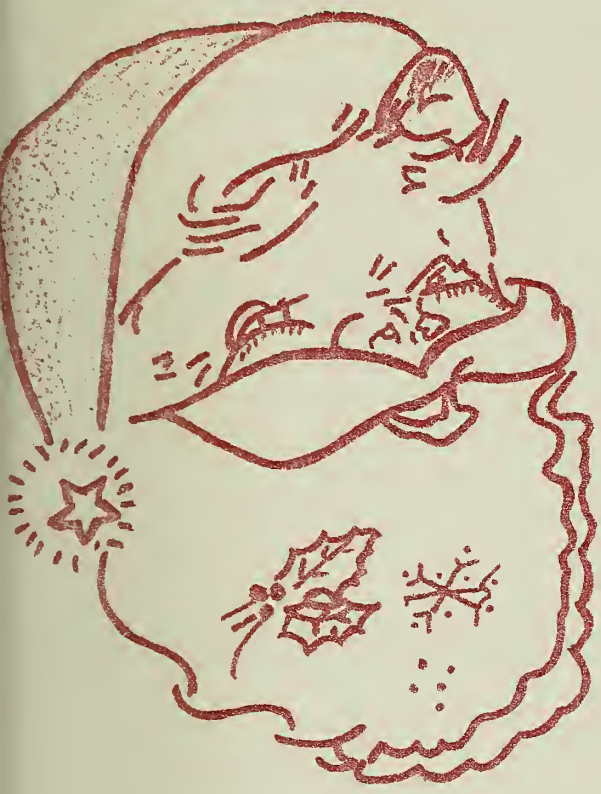
WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR DECEMBER 26, 1967



A MERRY CHRISTMAS and a HEALTHY and HAPPY NEW YEAR!

From the employees of the
San Francisco Department of Public Health

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STATISTICAL REPORT FOR THE 51st WEEK ENDING DECEMBER 22, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	2	12	4	411	760
DIPHTHERIA	0	0	0	0	1
GERMAN MEASLES	1	7	0	304	239
GONORRHEA	357	181	84	10,473	7282
HEPATITIS, INF.	13	11	1	541	202
INFLUENZA	0	0	0	34	76
MEASLES	0	8	0	496	456
MENINGOCOCCAL INF.	0	2	0	10	29
MENINGITIS, OTHER	1	1	0	39	27
MUMPS	29	22	2	1039	553
PERTUSSIS	0	0	0	20	27
SALMONELLOSIS	4	5	1	118	115
SHIGELLOSIS	1	2	1	67	70
STREP. INFECTION	3	10	0	119	149
SYPHILIS	14	23	18	1096	1056
TUBERCULOSIS	4	10	3	376	405

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	2
SYPHILIS	1

	1967	1966
DEATHS RECORDED FOR THE WEEK	211	204
BIRTHS RECORDED FOR THE WEEK	273	345

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